A MULTIFACTORIAL ANALYSIS OF TEMPOROMANDIBULAR DYSFUNCTION

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CONTENTS.

ADDENDUM (which is a separate volume)

SUMMARY

1. Three heterogeneous groups of Temporomandibular Joint (TMJ) Dysfunction, Atypical Facial Pain, and Control patients were investigated in this study.

2. Multivariant analysis was performed using the Statistical Package for Social Sciences (S.P.S.S.) computer programme.

3. On the basis of specific criteria, various homogeneous groups were identified and further statistical analysis was carried out in order to establish factor association.

4. It was concluded that there were a number of factors that could be associated with TMJ Dysfunction. These factors were often dependant on the homogeneity of the respective groups.

5. Some groups of TMJ Dysfunction patients had specific psychological factors that identified them as having an "abnormal illness behaviour" profile.

6. Some other groups of TMJ Dysfunction patients were not obviously associated with such abnormal illness behaviour, but rather with a history of higher than average "Life Events".

DECLARATION

I declare that this thesis contains no material which has been accepted for the award of any other degree or diploma in any University, and to the best of my knowledge contains no material previously published by another person except where due reference is made in the text.

DALE COURTNEY GERKE

DATE....17/11/86

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CHAPTER I

GENERAL INTRODUCTION

1. Introduction

Despite intensive investigations, theorizing and speculation, Temporomandibular Joint Dysfunction (TMJ Dysfunction) remains a controversial area in dentistry. No one would deny that the symptoms of TMJ Dysfunction exist and that they affect a significant proportion of the population (Laskin, 1969; Helkimo, 1974(a) (b) (c) (d); Weinberg, 1976). What is in doubt, is the cause of the signs and symptoms and what type of treatment should be carried out. Problems have arisen essentially because of the difficulty in isolating any particular aetiological factor and this is exemplified by the fact that there is not even a concensus in the literature on the name that should apply to the group of symptoms that make up the dysfunctional or pathological state.

A better understanding can be gained of the complexity of the situation if a brief explanation of the range of presenting clinical features is explained in more detail.

(i) Normal Function.

Normality is a subjective state and may be differently interpreted by either the patient or the clinician. Some patients may consider themselves to be in a normal situation, whilst the clinician perceives the patient as having a problem. This situation can of course be reversed where the doctor perceives a normal state but the patient feels that there is something wrong. Thus for a truely normal or "pathology free" state to exist, both the patient and the clinician should be satisfied that no problem exists.

This subjectivity can be applied to TMJ Dysfunction and has been recognized by Helkimo [1974 (a)] who formulated an Anamnestic Index (Ai) which was a self-perception index rated by the patient and a Clinical Index (Di) which was an index scored by the examining clinician. These two indices take into account any problems perceived by both the patient and the clinician. For a normal or healthy state to exist, the patient should have both an Anamnestic Index of zero and also a Clinical Index of zero.

In the normal state there should be no pathological changes in the TMJ and no problems with the masticatory muscles. However it has been shown by Helkimo [1974 (c)] that up to 88% of a population may exhibit clinical signs and symptoms of TMJ Dysfunction, although not all of these people perceive that they have a problem. Hence some complexity is introduced to the definition of "normal" since there may be some clinical signs of dysfunction, without the patient necessarily thinking that there is anything wrong. This leads to the next "category" where there may be dysfunction of the muscles without the joint being involved.

(ii) Dysfunction with no Joint Involvement.

In this case the clinical signs of dysfunction show in the musculature. There are no obvious pathological changes in the TMJ and largely the dysfunction is caused by muscle symptoms which most often can be thought of as reversible. The cause of the symptoms will be discussed in Chapter III.

(iii) Dysfunction with Joint Involvement.

TMJ Dysfunction may present where the joint is only involved giving rise to its own signs and symptoms, or the joint and the muscle may both be symptomatic. The muscle symptoms may be of a primary or secondary nature as can be the joint problems. Sometimes the joint may have pathology present but there may be no symptoms evident. In this case, the muscles may or may not be painful. The joint may have internal derangement of its structures, or the joint may be differently affected by a variety of pathological states (eg. as with arthritis, which will be discussed in Chapter II).

The real difficulty is that over this broad range of problems or dysfunction, the presenting symptoms for TMJ Dysfunction may be the same, albeit that the causes for them may be different. Furthermore the symptoms may have a primary and a secondary cause. The fact that the patient and the clinician may also differ in the perception of the symptoms of dysfunction merely adds to the confusion or complexity.

As well, acute TMJ Dysfunction may present with symptoms that are similar to a chronic form of the syndrome. However, the prognosis for the two situations could be different and certainly the treatments may vary. It is possible that any secondary effects of chronic TMJ Dysfunction (eg psychological factors) may have a greater or lesser bearing on the resolution of the symptoms when compared with acute dysfunction. This may be so even though the symptoms of the acute or chronic problems may arise from the same aetiological cause.

This brief outline has underlined some of the difficulties associated with the investigation of TMJ Dysfunction. It is for this reason that the diagnosis of the syndrome has generally been based on the very general characteristics of the syndrome. These have recently been described by Speculand (1982) in the following way.

(a) Pain (with emphasis on location, duration, time of onset, radiation and/or referral of pain).

(b) Muscle tenderness, particularly of the primary masticatory muscles (usually this is detected by palpation of the muscles).

(c) Joint crepitation (this occurs quite commonly in isolation, and it has been considered that other symptoms must be present for the problem to be termed as dysfunction).

(d) Limitation of jaw movement (which tends to occur at the later stages of the syndrome).

(e) Joint tenderness (palpation is either over the joint or via the external auditory canal and radiographs are needed to exclude gross joint pathology).

2. <u>Terminology</u>

There are many titles for the various combinations of symptoms that have been described above. They generally follow the aetiological concepts of the authors who proposed them.

Schwartz, (1955, 1959), suggested the name "TMJ Pain Dysfunction Syndrome" which reflected his views on aetiology at that time. Since then, "Myofascial Pain Dysfunction" (M.P.D.), (Laskin, 1969) has been extensively used and even more recently, "Mandibular Stress Syndrome" (Ogus and Toller, 1981). Minor variations are "TMJ Syndrome", "TMJ Dysfunction Syndrome" and "TMJ Dysfunction" (Speculand, et al, 1983, 1984). These latter variations have largely been derived after Helkimo, [1974, (a) (b) (c) (d)] drew attention to the fact that many patients may have clinical symptoms of TMJ Dysfunction without actually perceiving pain. Presumably because of this, some authors have dropped "pain" from Schwartz's original terminology.

An interesting variation has been "Myofacial Pain Dysfunction" by Weinberg; [1979 (c)]. One can probably assume that his change in terminology from Myofascial was by mistake or ignorance since he was quoting Laskin (1969). DeBoever, (1979) seemingly has repeated the same error. Never-the-less, seemingly by accident this terminology may best describe the complaint since it indicates that there is a combination of signs and symptoms which involve the masticatory muscles, the face, pain and dysfunction.

However, for the purpose of consistency, the description for the above mentioned symptoms [(a) to (e)] shall be termed TMJ Dysfunction in this thesis. It is assumed that this term is synonymous with the others described above and it has been chosen for various reasons. It specifically tries to avoid any emphasis or inference as to the aetiology of the syndrome. It describes the general area of involvement and that the problem is a dysfunction rather than it necessarily being a pathological disease. The term is relatively concise and is one that has been previously used and accepted in the literature.

3. Treatment of TMJ Dysfunction.

There is a wide range of treatments available for patients suffering from TMJ Dysfunction (Chapter III and V). Treatment may be broadly categorised as conservative or radical, reversible or irreversible. Conservative treatment can be defined as treatment that is; not too involved, relatively easy, non-invasive, non-aggressive, relatively cheap and not too time consuming. Radical treatment would be the opposite. Reversible treatment is treatment that can be stopped and no permanent physical change will have resulted [these categories have been mentioned by Greene and Laskin (1974) and Cohen (1978)].

It is apparent that most conservative treatments (irreversible or reversible) of patients seeking help will have a success rate of between 70-90% (Mejersjo & Carlsson, 1983) and this will be discussed at length in Chapter V. However there are some failures, and even after radical treatment, there may still be a recalcitrant group of 10-15%. Some of the patients in this latter category may have predominantly psychological problems and may be very difficult to distinguish from patients with Atypical or Intractable Facial Pain (Speculand and Goss, 1985). These types of patients have been found in a "pain clinic" population and have been broadly diagnosed as suffering from Intractable Facial Pain (Speculand et al, 1983).

4. The Present Study.

The present study sought to quantitate a large number of variables that have been previously associated with TMJ Dysfunction patients and, with the use of computer technology, tried to establish any relevant correlations between these particular variables and dysfunction. An attempt was also made to correlate these variables with either a satisfactory or unsatisfactory outcome after treatment. It was hoped that by gaining a better knowledge into the factors influencing TMJ Dysfunction, and their possible inter-relationship, a further insight might be acquired as to the aetiological cause of the syndrome. Particular emphasis was placed on this aspect of the study.

A review by Mejersjo & Carlsson (1983) suggested that a great deal of recent evidence has shown that conservative, reversible treatment has a high success rate. An attempt was made in this present study to verify this observation.

The present study into the TMJ Dysfunction and its associated variables was commenced in order to gain a better understanding of the aetiology, treatment, and prognosis for the syndrome. The study also attempted to ascertain whether TMJ Dysfunction was due to any particular primary cause or was perhaps due to a decrease in a patient's ability to cope with circumstances either within or beyond their control. In this regard, the variables that were measured included not only physical or clinical variables but also psychological profiles.

It therefore followed that the investigation looked into the psychological aspects of TMJ Dysfunction and the possibility of any similarity to Atypical Facial Pain. Essentially, it was hoped to find specific variables that could identify recalcitrant patients and/or ones that tended to have pain of a more atypical or intractable nature. This was because, in the clinical situation, the treatment plan of these particular cases has to be very carefully considered. It may often be better, with these patients, to offer sympathetic and symptomatic care and, if possible, pursue a plan that may help any psychological problems that they may have. With this in mind, this study tried to develop a discriminant function (created from the variables that had been recorded) that could be used to prospectively identify patients who may prove to be resistant to a successful outcome to standard treatment.

CHAPTER II

THE TEMPOROMANDIBULAR JOINT

1. The Normal Temporomandibular Joint

The temporomandibular joint (TMJ) is structurally and functionally one of the most intricate, and most used, joints in the human body. It enables both hinging and sliding movements. It is unique in that its articulating complexes are functionally linked by the occlusion of teeth as well as through the joint itself (Brown, 1965; Schwartz and Marbach, 1965).

The articular surfaces are the glenoid fossa and articular eminence of the temporal bone and the articular surface of the condyloid process of the mandible. The joint cavity is divided into superior and inferior compartments by the inter-articular disc and the total cavity is encapsulated by a fibrous capsule which is reinforced by a strong lateral ligament and less firmly by a medial ligament.

(i) The Mandibular Condyle

The adult mandibular condyle varies considerably in size and shape. It is roughly elliptical when viewed from above, and generally convex both antero-posteriorly and medio-laterally. Condylar dimensions average 10mm (range 5.5mm - 16mm) antero-posteriorly, and 20mm (range 13mm - 25mm) mediolaterally (Oberg et al., 1971). The long axis of the condyle is almost at right angles to the plane of the mandibular ramus.

A thin layer of compact cortical plate comprises the bony articular surface, and trabeculae of cancellous bone are orientated perpendicularly to this plate. The intertrabecular tissue consists of haemopoietic and fatty marrow, the proportions varying with age (Griffin et al., 1975). The bony surface is covered, not by hyaline cartilage as in most other synovial joints, but by a layer of mature, densely collagenous fibrous tissue. In the region of the convexity of the condyle there is a layer of fibro-cartilage lying deep to the surface fibrous tissue and blending with the bony end-plate.

Between the superficial and deep tissue layers lies an intermediate zone of cells forming a thin but distinct layer which has been termed the proliferative zone [Blackwood 1966(a)], and these cells are capable of proliferative activity throughout life. Posteriorly and elsewhere in areas that do not contact the articular eminence during function, the surface fibrous tissue is applied directly to bone and merges imperceptibly with the mandibular periosteum (Moffett et al., 1964).

Ultrastructural investigations have shown that the articular surface of the condyle reveals a dense meshwork of bundles of collagen fibrils interspersed with fibroblasts (Toller 1977). The collagen fibre density is far greater than in normal articular hyaline cartilage and there is very little ground substance lying between the collagen fibrils and the fibroblasts. At the actual surface, the collagen ends abruptly at the lamina splendens which is a narrow zone of faintly fibrillar material which is more electron dense than ground substance and has a smooth surface. It varies from 1um–2um in thickness.

At the non-weight bearing posterior articular surface of the condyle, the entire surface is of a looser texture, the lamina splendens broader, and cellular density higher with more cells near the surface (Toller, 1977).

(ii) The Temporal Articular Surface

This consists of the concavity of the articular fossa posteriorly and the convexity of the articular eminence anteriorly. The average dimensions are greater than those of the condyle being 19mm (range 12mm - 23mm) antero-posteriorly, and 23mm (range 18mm - 28mm) mediolaterally (Oberg et al., 1971).

The bone of the fossa is generally very thin and covered by a layer of periosteum. Anteriorly, the covering of the articular eminence is much thicker with layers analagous to those described in the condyle.

(iii) The Articular Disc

The articular disc is a dense sheet of fibrous tissue filling the space between the opposed articular surfaces. It is roughly elliptical with a thin central area and thickened peripheries, especially anteriorly and posteriorly. Posteriorly the disc splits into an upper lamina attaching to the margin of the squamo-tympanic fissure, and a lower lamina which blends with the periosteum of the posterior surface of the condylar neck. Anteriorly it attaches to the anterior edge of the articular eminence above, and the articular margin of the condyle below. Medially and laterally the disc blends with the capsule and both then attach to the medial and lateral poles of the condyle. Fibres of the lateral pterygoid muscle insert into the anterior and medial edges of the disc.

(iv) The Joint Capsule and Ligaments

Anteriorly and posteriorly the joint capsule is thin and composed principally of the anterior and posterior parts of the disc. Medially and laterally it is strengthened by the capsular ligaments. The lateral ligament is especially strong and is termed the temporomandibular ligament.

(v) The Synovial Membrane

According to Griffin et al.(1975), all the internal joint surfaces, except for those actually in articulation, are lined by synovial membrane. They also noted that the intermediate and posterior bands of the disc are lined by fibrous synovial membrane, a variety found on articular surfaces which are subject to pressure.

2. <u>Remodelling of the TMJ</u>

Remodelling is a process of biological adaption to altered environmental circumstances and Moffett (1966) has defined articular remodelling as the morphological adaption of joints in response to biomechanical stress.

In the jaws there are generally significant alterations in the dentition during the course of life and the temporomandibular joints are subjected to great variations in their articulating elements. This results in a slow but continuous remodelling which appears to occur in these joints throughout life. Such adaptation seems generally aimed at maintaining the joint in a state of health with acceptable functional capacity. However, where the stimulus to remodelling is excessive, or the adaptive capability of the joint tissues is reduced by age, disease, or other factors, it appears that the resultant structural changes may occur to a pathological extent with subsequent development of osteoarthritis [Blackwood, 1966(b); Meikle, 1979].

(i) Incidence

Examination of both autopsy and skeletal material has shown that adaptive remodelling changes are virtually ubiquitous in the adult TMJ Moffett et al. (1964) published the results of a study on 34 temporomandibular joints obtained at autopsy of subjects aged 45-81 years. Every specimen exhibited microscopic evidence of remodelling activity in some area of the articular tissue and subchondral bone, and in many, the resultant changes were visible macroscopically. Blackwood (1963) described histologic remodelling changes in most of the adult material examined in his series of 530 mandibular joints obtained at autopsy. In a similar examination of 102 mandibular joints at autopsy from subjects aged 20-93 years, Oberg et al. (1971) noted macroscopic signs of advanced articular remodelling in 57 joints and at a histologic level changes were observed to a much greater extent than this. MacAlister (1954), in one of the earliest studies of this type, examined 69 TMJ's from 64 cadavers and found histological abnormalities in 60 of these joints.

Temporal and condylar joint components were generally observed to have more or less equal incidence of histologic remodelling changes in the above studies. However, several workers, including Oberg et al. (1971), Bean et al. (1977), Hansson and Oberg (1977), and Wedel et al. (1978), found a greater incidence of macroscopically observable remodelling change in the condyle rather than in the temporal articular surface.

(ii) The Mechanism of Remodelling

Articular remodelling has been classified by Johnson (1962) into three categories; progressive, regressive and circumferential. Although Johnson referred to joints lined by hyaline articular cartilage, Moffett et al (1964) and Blackwood [1966] confirmed the presence of all three types of remodelling in the mandibular joints.

The following descriptions of the histologic features of remodelling in the human TMJ are based on those given by Moffett et al (1964) and Blackwood [1966].

-Progressive Remodelling

This results from excessive proliferation and formation of new cartilage with subsequent conversion to subchondral bone, thereby adding to the length of the bone.

The first changes occur in the cells of the proliferative zone, there being marked hypertrophy with increased matrix production and cellular proliferation. This eventually results in a thickening of the subjacent fibro-cartilaginous layer which is in turn followed by an advance of mineralization into the newly formed tissue. In the normal joint the mineralizing front advances evenly into the fibro-cartilage, its surface remaining parallel to the articular surface. Mineralization continues until the width of unmineralized fibro-cartilage returns to normal.

While these changes occur deep in the articular soft tissues, there are no apparent alterations in the covering articular layer, the thickness of which remains remarkably constant. When remodelling activity ceases, the proliferative zone also returns to its normal width. Part, or all, of the mineralized cartilage, is eventually replaced through endochondral bone formation, with the result that the subchondral plate of bone advances towards the joint cavity.

In older joints, especially those with histological evidence of osteoarthritis, the above pattern of changes is much more irregular.

-Regressive Remodelling

Whereas progressive remodelling seems to be initiated in the articular soft tissue, with associated changes appearing later in the bone, the process appears reversed in regressive remodelling. Osteoclastic resorption of subchondral bone and mineralized cartilage is the earliest recognisable change. This continues until a defect filled by vascular undifferentiated mesenchymal tissue is produced. The mesenchyme then differentiates into the same mixture of fibrous connective tissue and fibrocartilage seen in the overlying articular tissue. Eventually, the subchondral cortical plate is replaced at a lower level than before and so a reduction in the vertical dimension of the articular surface is effected.

Throughout this process the surface articular zone remains intact and conforms passively to the changes occuring beneath it.

Reduction of the articular tissue to its normal thickness occurs as the surface layers are worn away.

-Peripheral Remodelling

Peripheral or circumferential remodelling produces an increased diameter of the chondro-osseous junction. It begins as a thickening of the fibro-cartilaginous zone with an increase in thickness of the mineralised layer extending outwards from the articular region. This occurs in a similar fashion to that seen in progressive remodelling. The newly mineralized cartilage is replaced by bone but there is also simultaneous periosteal bone apposition. In this way osteophytic lipping develops and large outgrowths may form which, in older patients, consist entirely of bone with an intact articular covering. As with other varieties of remodelling, the surface articular layer remains intact, and passively follows the changes beneath it, while maintaining a remarkably uniform thickness.

Carlsson and Oberg (1979) conclude their review of the literature on remodelling in the TMJ with this statement:
"All these studies on skull and autopsy materials have shown that remodelling of the TMJ is very common and they strongly indicate that it is related to conditions in the dentition and to functions of the masticatory system." These authors believe that change in functional stresses within the joint, induced by alterations in the dentition or function of the jaws, activates the undifferentiated mesenchyme of the proliferative zone seen in the condylar articular surface and to a lesser extent the articular eminence (Hansson and Nordstrom, 1977).

3. Osteoarthritis of the TMJ

(i) Incidence

Osteoarthritis (OA) is a non-inflammatory disorder of movable joints, characterized by deterioration and abrasion of the articular soft-tissue surface, in conjunction with remodelling of the underlying bone (Sokoloff 1969, 1979). TMJ remodelling may gradually develop to OA It may, therefore, be difficult to distinguish between pathologic and adaptive changes in the joint (Carlsson et al, 1968; Meikle, 1979). OA may also supervene on other types of pre-existing joint damage and in such instances is termed secondary OA Primary OA is considered to be idiopathic, non-specific and not related to trauma or to any other predisposing articular aetiological factors.

The TMJ is commonly affected by OA. However, it apparently does not constitute a major clinical problem. Toller (1974) suggested that OA of the TMJ was often not recognised. In his review of 2000 TMJ Dysfunction patients, only 8% were diagnosed as having OA. Autopsy results have indicated that remodelling commenced in most joints at around 20 years of age (Moskowitz, 1979). The incidence increased from minimal at about 20, to about 100% at 80-90 years of age (Collins, 1949; Moskowitz, 1979). Moskowitz (1979) cited a radiographic survey of hands and feet that found OA in 37% of the adult joints investigated. However, Cobb et al, (1957) found that only 30% of patients with radiographic changes in hands, wrists or knees had complained of pain.

An even sex incidence of OA in the joints of patients has been suggested for the total age spectrum (Kellgren et al, 1963;

Gordon , 1968). When the TMJ was investigated specifically, Lysell (1977) also found that there was an even sex distribution. However, Ogus (1979) and Kopp [1977 (c)] indicated a female dominance, although this may reflect a biased sample population (that is, most TMJ Dysfunction groups would have more females than males). In 1963, Blackwood conducted a histopathological study in which he found a 40% incidence of OA in the TMJ of patients over 40 years of age, but he found that the disease was rare before 40 years of age. He also found a sex bias with females being more prevalent than males. Oberg et al. (1971), using macroscopic techniques, noted a 22% incidence of OA and female incidence was greater than male. Weisengreen (1975), when investigating excised TMJ discs, found no evidence of OA up to 40 years of age, but he noted a 33% incidence thereafter. Female numbers were greater than male. Bean et al. (1977) examined 20 mandibular joints and found a 45% incidence of OA in individuals over 44 years.

A number of studies have reported that the radiographic incidence of OA is in a similar proportion to autopsy studies. There are no specific criteria accepted for radiographic diagnosis (Carlsson and Oberg, 1979), and it has been pointed out that radiographic diagnosis will normally exclude cases where soft tissue lesions are present, but where there are no significant bony alterations (Lindvall et al, 1976). Madsen (1966) reported a 13.5% incidence and Ericson and Lundberg (1968) noted a 44% incidence of radiographic change to the joint. However, the latter changes may have been more than only OA Studies that have looked at patients with TMJ Dysfunction, have reported that approximately 10% of those patients have had radiographic changes considered to be OA (Takada et al, 1971; Brooke, 1977). Toller (1973) reported a figure of 8%.

(ii) Symptoms

The presence of OA in the TMJ may not be accompanied by clinical symptoms. When symptoms are present, they consist of pain in the joint and the associated muscles. The jaw may be "stiff" and difficult to open. Joint "sounds" may be heard during jaw movement (Carlsson et al, 1979). These features are similar to TMJ Dysfunction (Greene et al, 1969; Carlsson, 1980). Joint crepitation may be a guide to TMJ Dysfunction and OA [Toller, 1973; Kopp, 1977 (b) (c)]. However, Kopp [1977 (b) (c)] could not distinguish, by merely using crepitation, between patients whom he thought had OA and those with TMJ Dysfunction. Never-the-less, crepitation has been mentioned as a clinical symptom of TMJ Dysfunction (Helkimo, 1974 (a) (b) (c) (d); Goss, 1974; DeBoever, 1979).

Ogus and Toller (1981) considered that pain in the joint could originate within it as a result of deformation of the capsule (consequent to overloading). Repetitious overloading may result from muscle hyperactivity which could relate to emotional and/or stressful conditions. Ogus and Toller (1981) therefore, considered TMJ Dysfunction and OA as a single problem called "Mandibular Stress Syndrome". It is apparent that the majority of reports have indicated that there are no particular clinical signs or symptoms that can be associated with either only OA or TMJ Dysfunction. Therefore, at this time there does not seem to be any reliable way to clinically differentiate TMJ Dysfunction from OA of the TMJ. As such, the suggestion by Ogus (1979) that both TMJ Dysfunction and OA should be considered as one condition has some merit. This is particularly so in the earlier stages of TMJ Dysfunction or OA of the TMJ and also in patients without generalized OA in other joints. In these specific cases differentiation or diagnosis becomes easier if the symptoms are broadly considered to be one condition.

(iii) Aetiology

-Local

(a) Mechanical loading. This factor has been considered the most important factor in OA (Bollett, 1969; Carlsson et al, 1979). Reports have indicated that there appeared to be an association between tooth loss and OA of the TMJ (Aberberg et al, 1969; Oberg et al, 1971; Mejersjo and Hollender, 1984). Presumably, this was due to increased loading or a changed direction of the load on the TMJ components (Hekneby, 1974). This factor may be the genesis of remodelling and OA changes, which is in accordance with studies of experimental OA in knee joints of dogs (McDevitt and Muir, 1976). However, the association between tooth loss and OA has been disputed by the evidence of Toller, (1973); and Ericson and Lundberg (1968). As mentioned previously, it is difficult to obtain an accurate clinical diagnosis of OA in the TMJ, and more credence should be placed on autopsy studies. Muscle hyperactivity may also cause a loading factor on the TMJ. This association has been suggested by Toller (1973,1977) and led to Ogus and Toller (1981) suggesting that OA and TMJ Dysfunction were one condition.

(b) Joint deformity by trauma may lead to OA (Worth, 1979). Conversely, Kreutziger and Mahan (1975) suggested trauma had little role to play in OA Joint deformity by other factors (i.e. arthritides) such as rheumatoid arthritis, infection, haemophilia, gout, condylar hyperplasia or hypoplasia should be differentiated from OA.

-Systemic

(a) Age has been shown in many studies to be positively correlated to OA (Blackwood, 1963; Oberg et al, 1971; Weisengreen, 1975).

(b) Heredity may play some part in OA as there are distinct familial tendencies (Stecher, 1955; Kellgren et al, 1963). This area is somewhat contentious (Brook, 1977; Chalmers and Blair, 1974).

(c) Obesity is also a very contentious area with no specific agreement in the literature on the various joints throughout the body (Sokoloff et al, 1960; Kellgren, 1961; Seifert et al, 1969; Walton, 1979). Muir (1981) failed to show any association for the T.M.Joint.

(d) Endocrine factors may be involved. Gordon (1968) showed an equal sex distribution of OA in joints. However, there have been reports of sex differences in the OA of the TMJ This has been interpreted as an endocrine variable. Also, diabetes has been mentioned as a factor (Silberberg and Silberberg, 1964).

A general view (Acheson and Collart, 1975), would be that local factors (particularly mechanical) in combination with systemic factors (particularly age) have some degree of influence on the progression of OA in the T.M.Joint.

4. TMJ Radiography

It has been advocated that radiographs should be taken of patients with pain and other symptoms in the TMJ area in order to eliminate gross pathology such as fractures or tumors (Goss, 1974; DeBoever, 1979). However, the use of radiographs for diagnosis of the causative factors of TMJ Dysfunction such as condylar malposition within the fossa as has been proposed by Ricketts (1964) and Weinberg [1979 (a) (b) (c), 1980 (a) (b) (c)] is very much a matter of contention (Lindblom, 1960; Taylor et al, 1972; Moloney, 1985). The argument is two-fold. Firstly, whether there is enough accuracy in any radiographic technique to diagnose specific problems of the TMJ and joint space. Secondly, whether the spacial relationship of the condyle to the fossa has anything to do with TMJ Dysfunction. Kovaleski et al (1976), Blaschke and Blaschke (1981), Hansson et al (1983), Westesson (1982), Katz et al (1983), Dixon et al (1984) showed no consistent pattern of condylar concentricity within the fossa.

Tveito (1974) showed TMJ radiographic techniques to be limited, especially with respect to joint space.

The other problem concerning TMJ Dysfunction and radiography, relates to the damage of the TMJ. Laskin (1979) felt that generally there was a lack of radiographic evidence that joint change occurred with TMJ Dysfunction. However, he also suggested that persistent TMJ Dysfunction could lead to OA of the TMJ, although Mejersjo and Hollender (1984) found that "clinical dysfunction showed poor correlation with the radiographic findings".

(i) Techniques

Radiography of the TMJ is difficult because the joint is three dimensional and radiographs are two dimensional. In most views there is superimposition of the cranial base that obstructs the picture of the TMJ. The clinical problem of radiological interpretation is also made particularly difficult by the fact that the appearance of the "normal" joint and any joint affected by OA "overlap" radiographically. Remodelling (normal or pathological) adds further difficulties to radiographic interpretation.

Campbell (1965) and Worth (1979) have indicated that assessment of the TMJ needs two separate radiographic views, each at right angles to the other. These views can be lateral joint projections (eg: transcranial or transpharyngeal), and anterioposterior projections (eg: transmaxillary or transorbital). The orthopantomograph (O.P.G.) is a specialised tomograph, which is being used in an increasing number of cases for broad scans of the maxillofacial region, in order to identify gross pathology. The O.P.G. is often included as an essential and routine diagnostic procedure during any dental examination (Muir, 1981).

All radiographic views have been shown to have limitations (Carlsson et al, 1968; Toller, 1969; Weinberg, 1973; Ogus, 1975; Lindvall et al, 1976; Bean et al, 1977), and this is especially with regards to the TMJ. Never-the-less, Eckerdal (1973) concluded that lateral tomography and conventional radiographic projections made most aspects of the TMJ examinable. This was concurred with by Bean et al (1977) and Worth (1979). However, Stanson and Baker (1976) reported an increased radiation hazard from using so many radiographs. Therefore, some compromise must usually be made and the advantages of better diagnosis must be weighed against an increased radiation hazard.

(ii) Orthopantomogram

The advantage of using standard O.P.G.'s for diagnosis of pathology of the TMJ's is that both joints can be viewed under near identical radiological conditions (Tammisalo, 1964; Uotila, 1965). Both these authors stated that the O.P.G. produced a satisfactory lateral representation of the TMJ But, Worth (1979) believed that an O.P.G. should be used only in conjunction with other radiographic projections. However, Blair and Chalmers (1972) thought that the O.P.G. was as effective as transcranial views "provided that the joint can be seen". Uotila (1964) thought that O.P.G.'s were as good as transcranial views. But, accurate measurement of the joint space is not possible (Tammisalo and Mattila, 1963), and the glenoid fossa is not well seen (Uotila, 1964).

Muir (1981) recently concluded a survey using standard O.P.G.'s to study the TMJ of a normal population sample (control) and a sample of TMJ Dysfunction patients. In both the control and experimental groups, he found that there were many more variations from the normal situation than previously reported. The results were scored as either "no change", "mild" or "severe", and encompassed six different classifications of pathology which are listed and explained more fully in Chapter VI. Muir (1981) found that "statistically significant differences between the pain and pain-free groups were observed for; osteophytes in subjects over the age of 40 years, erosions in all groups, and for flattening and sclerosis in individuals under the age of 40 years".

CHAPTER III

GENERAL REVIEW

OF

TMJ DYSFUNCTION

1. Introduction.

As more has been elucidated about the aetiology of TMJ Dysfunction, the concepts regarding the syndrome have altered, especialy over the last decade. In the late 1960's and early 1970's epidemiological research investigated the differences in the frequency and the types of symptoms that occured with patients who had TMJ Dysfunction. The studies used "patient" populations (Carraro et al, 1969) and "normal" populations [Helkimo, 1974 (a) (b) (c) (d)]. Helkimo found that up to 88% of a particular population had signs of clinical dysfunction and that 22% could be graded as having severe symptoms. It has also been pointed out (Goss, 1974), that more people have symptoms than seek treatment and that many of the patients are between 20-30 years of age. Most studies have shown that more women present for treatment than men, although Helkimo [1974 (c)] found that the clinical signs of TMJ Dysfunction were equal amongst the sexes.

The dilemma facing researchers and clinicians in localizing the causative factors was acknowledged by Weinberg, [1980 (c)], when he stated that the scientific methodology of "(1) hypothesis (2) isolation of variables (3) experimental data (4) statistical analysis and (5) conclusions" could not be ideally obtained in the clinical situation. This, of course, is not necessarily true, although it must be admitted that to satisfy these criteria is extremely difficult. Unfortunately, after recognising the basic principle of scientific research, Weinberg tended to rely on "empirical" methodology to obtain his results. This sort of approach has been typical with much of the documented research on

TMJ Dysfunction. The literature has been cluttered with many unscientific, yet dogmatic, theories that simply have little validity or credibility. Such is the philosophical dilemma facing the clinician who wishes to understand the aetiology of, and the treatment for TMJ Dysfunction. This will be expanded upon in more detail in later chapters.

It would be fair to say that many of the publications on the topic of TMJ Dysfunction have been either theoretical reviews which have not related theory to clinical studies of treatment and outcome, or merely detailed clinical assessments which describe the success or failure of treatments which have predominantly followed empirical guidelines. The later reports tend to evolve a theory that satisfactorily justifies the treatment approach. The result is that much of the work done in the area of TMJ Dysfunction has not been satisfactory and has led to the problem of establishing a nexus between theory and practice.

The symptoms of TMJ Dysfunction have been recognised for a long time, and it has already been mentioned that there are numerous hypotheses regarding the aetiology of the disease. Although Hippocrates was probably the first author to mention the symptoms of TMJ Dysfunction, Costen (1934, 1936), was the first to attempt a plausible explanation for the group of symptoms. Since then, other authors have implicated the role of dental occlusion (Posselt, 1971), displacements of mandibular condyles and/or meniscus, [Weinberg, 1976, 1979 (a) (b) (c), 1980 (a) (b) (c)] and muscle hyperactivity (Laskin, 1969). As well, psychological factors in the response to stress and anxiety have been mentioned (Moulton, 1955; Laskin, 1969; Clarke, 1982; Speculand, 1983, 1984).

Helkimo [1974 (a) (b) (c) (d)] developed different indices that allowed estimations to be made of the symptomology of TMJ Dysfunction. These indices allowed the clinician to quantitate the symptoms with a high degree of reliability (Kopp, 1974). As already mentioned, these indices related to the patient's perception of the problem (Ai) and the clinician's findings (Di). The reproducibility and usefulness of these indices were confirmed by Kopp, [1974, 1977 (a)] when he concluded that it was reasonably accurate, and an acceptable scientific methodology to use questionnaires and clinical symptoms to assess the extent of TMJ Dysfunction.

Psychological traits have been given more attention in the last two decades. Factors such as emotion, individual personality, and stress have been acknowledged as primary factors in some cases of TMJ Dysfunction (Goss, 1974). Recently, some qualitative and quantitative measures of these factors have been introduced. Speculand et al (1979, 1981, 1983, 1984) have described methods of psychological testing that identified and/or categorised patients' psychological profiles. With the use of this type of analysis it is likely that the exact involvement of psychological factors and their relationship to TMJ dysfunction may eventually be determined.

Carlsson et al (1979) have suggested that changes that occur to the TMJ may be of a primary or secondary nature, and may or may not be associated with hyperactivity of the masticatory muscles. Laskin (1969) thought about 5% of M.P.D. patients had TMJ involvement. Brooke et al (1977) thought that pathology of the joint or condyles was low or non-existant. Some studies have even excluded patients with frank TMJ pathology (Brooke et al, 1977). However, Carlsson (1980), concluded that pathological involvement of the TMJ may be quite high, particularly since radiographs lead to an under diagnosis of joint problems. Autopsy material indicated 22% of cases had pathological changes to the TMJ (Oberg et al, 1971).

This higher figure was confirmed by Muir (1981) who carried out studies on the radiologic aspects of the T.M. Joint. He compared his findings of patients with TMJ Dysfunction, to a normal control group. His studies proved to be enlightening as he found a high percentage of minor joint changes in both the control and experimental groups. However, the number of gross changes were low in either group. Muir noted that the incidence of specific changes was greater for the TMJ Dysfunction group compared to the control group. The conclusion can therefore be drawn that minor morphologic changes in the TMJ are relatively common in TMJ Dysfunction patients. These changes may be secondary and due to either pathology, degenerative change or remodelling. It has been suggested that T.M.J pathology may account for the lack of treatment success in some cases (Speculand, 1982).

When all studies are taken into account, particularly those done in the last decade, it becomes obvious that TMJ Dysfunction involves a large percentage of people in the population. Those persons may or may not perceive pain or any associated problems. The clinical symptoms and signs of dysfunction may involve the muscles of the head and neck, the TMJ, the teeth and/or the periodontium. In other words, the whole masticatory apparatus may be affected and/or involved in the aetiology and the symptomatology of TMJ Dysfunction.

2. Theories of Aetology

(i) "Costen's Syndrome"

The symptoms of TMJ Dysfunction were initially documented many years ago with Hippocrates, in the 5th Century B.C., perhaps being the first person to do so (Ruffer, 1921). In the 19th Century A.D., several authors reported symptoms that, in retrospect, could be associated with TMJ Dysfunction (Crane, 1854; Malgaign, 1855; and Tomes, 1887). These reports continued in the early 1900's (Blair, 1912; Brown, 1918; Summa, 1918; Prentiss, 1918; Pringle, 1919), and in the 1920's there were several reports that indicated that TMJ Dysfunction may involve the external auditory meatus (Monson, 1920; Wright, 1920; Smith, 1925; Decker, 1925; Goodfreind, 1932). The culmination of these reports came in 1934, when Costen reported that over-closure of the bite may affect the ears and sinuses. He expanded on his theory in 1936 with a more extensive number of case reports. His explanation of the symptomatology of TMJ Dysfunction (called Costen's Syndrome) was largely based on clinical impression and the fact that the problems were largely relieved by altering the bite and correcting over-closure. He postulated that over-closure of the occlusal vertical dimension put undue pressure by the condyle on the nerves, blood vessels, and other structures related to the joint. This pressure thereby gave rise to the symptoms of the syndrome. This theory was essentially accepted and remained unchallenged for some years.

Costen's ideas were questioned by Shapiro and Truex, (1943) and Harvey, (1948). They independently concluded that the TMJ was not directly involved with symptoms involving the ear. However, it was Sicher (1948) and Zimmereman (1951) who finally showed with anatomical evidence that the proposed aetiology of the syndrome could not be explained as Costen had described it. It was simply not physically possible for the condyle to place pressure on the various anatomical structures as Costen had postulated. Sicher suggested that the pain came from spasm of the muscles, which was often a secondary effect caused by malocclusion.

(ii) "TMJ Pain Dysfunction Syndrome"

Schwartz (1955,1959) considered that "TMJ Pain Dysfunction Syndrome" was often caused by tension and he considered that occlusal factors played only a contributory role. He developed the hypothesis that there were many inter-related factors involved with the syndrome. These he classified as: predisposing factors (eg: psychological); conbtributing factors (eg: malocclusion); precipitating factors (eg: jaw stretch or alteration to the occlusion); and aggravating factors (eg: either physically or psychologically traumatic treatment).

The sedatory effect of topical or infiltrated local anaesthetic solutions or sprays which were applied to the involved muscles supported his theory that muscle spasm caused pain. His assertion that the psyche of the patient could be involved led to further extensions of the theories of TMJ Dysfunction. In 1955, Moulton who worked with Schwartz, also published a paper which further implicated psychological factors as a major aetiological factor influencing the syndrome.

(iii) "Psychophysiologic Theory"

Laskin, (1969) proposed that masticatory muscle spasm was the prime factor in TMJ Dysfunction. He thought that the dysfunction was a functional psycho-physiological disease stemming from muscle fatigue which was a consequence of psychologically orientated tension-relieving habits. This muscle fatigue developed into spasm and then to pain. Organic changes related to the syndrome were said to be a secondary phenomena and he conceived the name "Myofascial Pain Dysfunction Syndrome" (M.P.D.).

The effect of stress and its ability to increase tension in non-masticatory muscles had been reported by Goldstein et al (1964) and Goldstein (1965). This had then been related to masticatory muscles by Yemm (1969, (a) (b), 1971). These reports all added emphasis to Laskin's arguments. Since then, many authors have shown that TMJ Dysfunction patients may have personality traits that are typical of patients with psychophysiological disorders (Lupton, 1969; Fine, 1971 (a) (b);Rothwell, 1972, 1973; Schwartz et al, 1979). Furthermore, other studies have shown that TMJ Dysfunction patients may have more stress-related problems (eg: migraines and backaches) than control groups (Lupton, 1969; Berry, 1969). In 1971 and 1972, Greene and Laskin showed that placebo drugs, placebo splints and placebo occlusal adjustments had significant therapeutic effects, which indicated an underlying psychological factor in the aetiology of TMJ Dysfunction. Evaskus and Laskin (1972) also found that higher overnight urinary steroids and catecholamine levels were present in TMJ Dysfunction patients compared to controls. As well, fatigue experiments showed that symptoms similar to those in patients with M.P.D. could be produced experimentally (Divenfeld, 1967; Banasik and Laskin, 1969).

(iv) "Muscle Hyperactivity"

Christensen (1967, 1971) produced symptoms, similar to those of TMJ Dysfunction, in patients who were asked to voluntarily grind their teeth for 30 minutes. The conclusion drawn was that the masticatory muscles were involved in TMJ Dysfunction. However, Christensen (1981) has also suggested that there is not yet any conclusive evidence that muscle fatigue leads, in particular, to muscle spasm as Laskin (1969) suggested. In fact, it may be that both muscle damage and inflammation are the cause of pain that is experienced by TMJ Dysfunction patients (Berry and Yemm, 1971, 1974; Yemm, 1979). Christensen (1981) reproduced experimental muscle fatigue and consequent pain but he also mentioned that psychological factors seemed to play a role in muscle endurance.

Electromyographic studies on TMJ Dysfunction patients showed that the masticatory muscles responded to stress (Johnson et al, 1972;

Mercuri and Laskin, 1979). Others (Munro, 1972; Skiba and Laskin; 1976; Reuben and Laskin, 1977) produced evidence that TMJ Dysfunction patients tended to have hyperactive masticatory muscles and that when normal muscle tone was restored, the symptoms of dysfunction were reduced. Clinical treatment using physiotherapy tended to confirm this as well (Trott and Goss, 1978).

Therefore, the experimental and clinical evidence strongly suggests a psychophysiological basis for TMJ Dysfunction, with a probable modification that muscle damage, rather than spasm, may cause the pain. However, there still remains some unexplained and contentious points, particularly with regard to the aetiology of muscle hyperactivity, that require further clarification.

(v) "Occlusal Dysfunction"

– Condylar displacement

Once the aetiology for Costen's Syndrome had been discredited on anatomical grounds, modification of the theory came about (Hankey, 1954; Granger, 1958; Thomson, 1959). This modification took the form of focusing attention on occlusal disharmony and this was carried further by Weinberg [1976, 1979, (a) (b) (c)] who maintained that occlusal problems caused displacement of the condyles from a centric position within the glenoid fossa which in turn, placed compressive forces on the retrocondylar area of the joint, this then lead to apparent degenerative changes. Weinberg has suggested that the condyles could be displaced in any direction.However much of Weinberg's data does not stand up to close examination (Klein et al, 1970; Koveleski et al , 1976;

Blaschke and Blaschke, 1981; Westesson, 1982; Hosson et al,1983; Kratzberg et al, 1983). Tveito (1974) and more recently Dixon et al (1984) concluded that radiographs could not be meaningfully used for assessment of condylar position in the fossa. Even if they could, many questions relating to Weinberg's theory remain unanswered. For example: Why are most symptoms related the muscles and not to the joint? Why are patients distributed by certain characteristics such as sex, age and social status? Why is bruxing involved? Why do placebo treatments have such a marked success rate? So many questions remained unanswered that DeBoever (1979) concluded that any evidence for Weinberg's theory remained unconvincing.

-Occlusal disharmony

Most authors have accepted that muscle hyperactivity has some effect on dysfunction. The really contentious issue has been what actually causes the hyperactivity. Ramfjord (1961), and Poulsen and Olsen (1968) suggested it was caused by problems with occlusion. They based their ideas on the fact that empirical treatment by occlusal adjustment often successfully helped patients with TMJ Dysfunction. However, they presented little or no scientific evidence to support their arguments. Helkimo [1974 (c)] observed that up to 88% of a specific population had clinical signs of TMJ Dysfunction and although this percentage may approximate the percentage of the general population that could have occlusal problems, there has not been any conclusive proof produced that has suggested that occlusal problems have a causal relationship with muscle hyperactivity. In fact, much of the evidence is against the hypothesis [for example, periodontal receptors are very sensitive (Lowenstein & Rathkamp, 1955), and mechanical stimulation actually inhibits jaw closing activity (Matthews, 1965)]. Hannam and Matthews (1968) showed that stimulation prompted the opening of the mouth in cats although in decerebrated cats, it was shown that stimulation initiated muscle contraction and consequent closing of the mouth. However, this result may have been an "artefact" effect due to external stimulation (Harrison and Corbin, 1942).

None of these feline results have been shown or repeated in humans for the obvious reason that the experiments involved either decerebrated animals or animals under general anaesthesia. Thus, these particular experiments do not represent the situation experienced in TMJ Dysfunction. Nor can they be related to normal humans, albeit that spinal-damaged humans may be similar. At best, these experiments indicate pathway mechanisms. They do not show how these pathways may function in the normal situation. Therefore, the experiments and results mentioned have still not shown whether malocclusion caused bruxing.

Gibbs and Suit (1973) showed that excessive premature contact caused a reflex opening of the mouth. Rugh et al (1984) showed that premature contacts did not elicit bruxing. Therefore, the overall conclusion from that evidence was that malocclusion or premature contacts did not cause hyperactivity of the muscles. This was further emphasized by Kardachi et al (1978) and Bailey and Rugh (1980). If anything, premature contacts probably caused the opposite which would have been relaxation. Poulsen and Olsen (1968) suggested that there maybe a diminution of sensory input which could affect the motor pathways that open the mouth. This could have modified the results discussed above. However, it would seem that this did not occur. Poulsen and Olsen (1968) also suggested that facilitation of motor pathways may have occurred which could have caused muscle contraction. This however, would have been a short-term occurrence and would have been unlikely to affect any long-term excitation. There was also an opinion that premature contacts may have initiated a new pathway which would have caused the premature contact to be "ground away" (Yemm, 1979). However, Anderson and Picton (1958) showed that premature contacts inhibited the force placed on a tooth. In other words, premature contacts did not cause increased pressure on the tooth.

DeBoever (1979) mentioned that occlusal influences may affect TMJ Dysfunction. He quotes Carlsson et al (1979) who showed that TMJ Dysfunction patients had more premature contacts than controls. However it was not shown whether these contacts were an effect rather than a cause. DeBoever (1979) further stated that evidence indicated that dental status influenced remodelling of the TMJ and/or OA of the TMJ. Occlusal interferences have also been reported to cause bruxing but an underlying stress factor was deemed to be necessary. As previously mentioned, evidence (Rugh et al, 1984) would suggest that occlusal interference and bruxing are not related, although DeBoever (1979) noted that removing interferences could give immediate relief from TMJ Dysfunction.

Another concept has been that the movement of the jaw was an acquired behaviour pattern and that this movement pattern may be changed after alterations to the occlusion. Hannam et al [1977 (a) (b)] hypothesised that this change in movement could cause an increase in function and hence would cause hyperactivity in a local group of muscles. However, no proof has been forthcoming concerning this theory. In 1954, Sicher suggested that overclosure of the mandible stimulated the muscles to become hyperactive. There has never been any evidence for this and there are no known receptors that could cause this to happen.

From what has been discussed, it may be understood that many researchers have not been happy to accept the theory that muscle hyperactivity was initiated by occlusal problems. Perry et al, (1960) showed that hyperactivity of jaw muscles occurred when the patient was subjected to stress, and Yemm (1968, 1969 (a) (b), 1971) confirmed these observations. However, they made little comment about the effect that hyperactivity had, other than that there was a correlation between stress and hyperactivity, and also that more TMJ Dysfunction patients had hyperactivity of their jaw muscles. It was thought that TMJ Dysfunction patients may maintain their tense state longer than a normal control group.

It has also been shown that bruxing correlated to TMJ Dysfunction (Yemm, 1979) but there is little evidence to support any theory that bruxing relates to malocclusion. Indeed bruxing tends to "mill in" the occlusion and thereby eliminates many occlusal disharmonies. Bruxing may be a centrally located problem that may occur in the "lighter" phases of sleep (Clarke, 1982). It is very likely that bruxing could be related to, or similar to, the arm, leg and eye movements associated with sleep, all of which seem to be orientated to central nervous system activity. Occlusal adjustments have been said to decrease bruxing but a direct relationship has not been shown. It is likely that adjustments merely spread the load over more teeth which consequently, decreases the load on any particular tooth (Clarke, 1982). Thus "spreading the load" could be interpreted as decreasing bruxism. As well, occlusal adjustments could be considered to be a placebo or counselling procedure, both of which have been shown to have an effect on TMJ Dysfunction (Laskin and Greene, 1972).

Yemm (1979) summarized, therefore, that there was no evidence to suggest that TMJ Dysfunction resulted from condyle displacement. He further suggested that whilst there was some experimental support that muscle hyperactivity was the primary cause of dysfunction, there was no evidence that this hyperactivity resulted from malocclusion or occlusal interferences. He concluded that occlussal disharmony may be either unrelated or coincident to TMJ Dysfunction or perhaps that the disharmony was caused by the muscle spasm itself. In fact, there has been more evidence to suggest that hyperactivity was centrally initiated.

3. Epidemiology of TMJ Dysfunction

Studies conducted over the last fifteen years have highlighted the incidence and distribution of TMJ Dysfunction in various sample populations. The majority of patients seeking treatment are female (Helkimo, 1979) and much of the literature suggests that most patients seek treatment between 20 – 40 years of age (Schwartz and Cobin, 1957; Thomson, 1959; Frank, 1964; Carraro et al, 1969, 1973; Takada et al, 1971). However, these statistics may reflect the type of study (or the authors' own interests), since other studies (Gelb et al, 1967; Perry, 1968; Agerberg et al, 1970; Carlsson and Svardstrom, 1971) have indicated that older age groups may predominate and that sex distribution may be equal. Certainly there is a large age range which has varied from 12 to 73 (Heloe and Heloe, 1975), to less than 10 years old and up to 80 (Carraro et al, 1969).

Perhaps the most interesting of these studies were those of Helkimo [1974 (a) (b) (c) (d)]. It is arguable that his studies have most advanced the knowledge of TMJ Dysfunction in recent years. Not only did the studies produce significant statistics on the incidence of TMJ Dysfunction in the population, but more importantly they described a method of enabling quantification of clinical symptoms into data which could then be used to classify the severity of dysfunction. This has allowed the development of a standardized, relatively sensitive and reproducible method of research, which has consequently allowed more valid and accurate statistical analyses and interpretation of data to be carried out (Helkimo, 1979). Smith (1977) tested the validity of the Helkimo indices and he found there to be some variation in the observed and recorded symptoms, and the final indices. However, Smith found that the observed variation was greater in the controls rather than in the patient groups. Kopp [1977 (a)] also found that there was some inconsistency in observations, but he suggested that the variations were reasonable and acceptable. Most importantly, Kopp [1977 (a)] found that the clinical symptoms varied within the short duration of six weeks. These were more related to changes in the patients' clinical symptoms rather than to observer error.

In spite of their shortcomings, Helkimo's indices have allowed the patients' perception of their illness to be quantified, ie: Anamnestic Dysfunction Index (Ai), and also the quantification of the symptoms of clinical importance, ie: Clinical Dysfunction Index (Di). These indices can be classified as 0, I, II or III, depending on the severity of symptoms and the index that is used. Using these indices, Helkimo [1974 (c)] found that up to 88% of Lapps had clinical signs of TMJ Dysfunction. Twenty-two percent had severe clinical symptoms and 25% had mild signs. This compared to 26% having severe anamnestic dysfunction. There was no difference with clinical dysfunction between men and women, and the symptoms were found in all age groups with slightly more in the older groups.

Thus it has become apparent, after a comparison of reports in the literature (Helkimo, 1979) that more individuals have symptoms than actually seek treatment. Persons with a higher education were over-represented in some studies (Heloe and Heloe, 1975) and not in others (Agerberg and Carlsson, 1975). Other studies have also found interesting results. Heloe et al (1977) found that of the TMJ Dysfunction patients who presented for treatment in their study, 65% had had symptoms for 1 month, and 50% had had symptoms for 2 years or more. Ninety percent were found to have painful masticatory muscles.

It would seem from the results of these and other studies done in the 1970's, that the symptoms associated with TMJ Dysfunction were probably more common than previously assumed. The reason that some individuals seek treatment and others do not, has not yet been elucidated. However, Helkimo (1979) suggested that the reason may be a social and psychological difference between the sexes. Smith (1976) thought that women may have a different perception and response to symptoms. This combination of perception and response has been labelled "illness behaviour" by Mechanic (1960). The difference between individual illness behaviour profiles, quite obviously, may not be limited to merely a difference between the sexes. This will be discussed at greater length in Chapter IV.

4. Treatment of TMJ Dysfunction

The forms of treatment prescribed in the literature are wide and varied. In particular, the literature over the last decade has stressed the need for proper differentiation of treatment modalities. Emphasis has been placed on conservative rather than radical treatment.

As well there has been a trend towards recommending simple and reversible treatments as opposed to more complex and irreversible procedures (Greene and Laskin, 1972, 1974; Goodman et al, 1976; Greene and Markovic, 1976; Clarke, 1982; Greene and Marbach, 1982; Graham et al, 1982; Greene and Laskin, 1983; Mejersjo and Carlsson, 1983).

The classification or categorization of different forms of treatment is subjective. However a general definition of "conservative" could be "any treatment that is moderate and tending to preserve anatomy in its original form". The opposite would apply to "radical". A broad categorization of a variety of treatments is seen in Table 3.1.

Table 3.1. Shows classification of various treatment modalities into conservative or radical categories.

Conservative	Radical
Dental	Dental
- counselling	- occlusal reconstruction
- simple occlusal adjustments	
- bite planes appliances	
Physical	
- rest	
- heat and ultrasound	
- muscle exercise	
Drugs	Drugs
- local & topical anaesthetics	- intra-articular steroids
- muscle relaxants	
- tranquilizers	
- analgesics	
Psychological	Psychological
- group therapy	- psychotherapy
- behaviour modification	
- hypnosis	
	Surgical
	- condylectomy
	- high condylar shave
	- capsular rearrangement
	- meniscus repositioning
	- auriculo-temporal nerve section
	- orthognathic surgery

The general aim of all treatment is to control the pain originating from TMJ Dysfunction. The rationale for treatment is to relieve pain by lowering psychological stress and/or eliminating any occlusal or TMJ disharmony. One way this may be accomplished is by decreasing muscle tone (eg "relaxing the muscles"). The rate of success has been reviewed by Rugh and Solberg (1979) and Zarb and Speck (1979). They acknowledge that all treatment procedures have some element of success and they criticise any rigid or dogmatic approach. Clinical reports have indicated a varied success rate (from a wide variety of methods) of between 70% - 90% (Franks, 1965 (a) (b); Perry, 1968; Thomson, 1971; Schaerer, 1974; Banks and MacKenzie, 1975; Toller, 1976). It is particularly significant that conservative treatment has been reported to work in 70% - 90% of cases including patients who have OA. The success of conservative treatment will be more extensively reviewed in Chapter V.

Most patients (70-90%) respond to conservative treatments (Zarb and Speck, 1979; Speculand et al, 1983, 1985). Some non-respondents (eg with intra-articular pathology) may improve following surgery. Yet others may not respond due to an incorrect initial diagnosis (Goss et al, 1985).

Thus there remains a small percentage of all TMJ Dysfunction patients in whom psychiatric factors predominate. This percentage has been variously reported from 5 to 10% (Speculand et al, 1983, 1985) to 1 to 5% (Ramford and Ash, 1971; Rothwell, 1973; Heloe et al, 1977). These patients usually require psychiatric help and they may be resistant to treatment. Retrospectively, they may be classified as having intractable facial pain. Most particularly it should be realized that these patients would probably be most inappropriately treated with radical surgery (Speculand et al, 1981).

CHAPTER IV

PSYCHOLOGICAL FACTORS ASSOCIATED WITH TMJ DYSFUNCTION

In order to assist some readers who may not be fully conversant with some of the terminology, a Section (5) has been included at the end of this chapter which defines a number of terms.

1. Psychological Factors

Previous reports in the literature have investigated psychological factors in relation to TMJ Dysfunction (Marbach and Lipton,1978; Moody et al, 1982; Fearon and Serwatka, 1983; Lipton and Marbach, 1984). These studies investigated personality profiles, and factors such as anxiety, fear, depression and stress. However, these studies investigated only one or two factors separately in each particular study, rather than looking at a large number together. Thus, there has not as yet been a study to look at a number of these factors together and to assess the possibility of interactions between them.

(i) Psychoanalytic Concepts

Psychoanalytic theories have been developed to explain the aetiology of TMJ disorders and a classic "conversion reaction" has been proposed for some time (Rugh and Solberg, 1979). Moulton (1955) suggested that sexual problems may convert to oral symptoms. However, it has also been reported that from time to time over three quarters of the population may have TMJ Dysfunction [Helkimo, 1974 (c)]. It is therefore improbable that this vast number of people would all suffer from sexual conversion symptoms, although some may (Rugh and Solberg, 1979).

Moulton (1955, 1956) also investigated patients with oral pain which was recalcitrant. She found that Atypical Facial Pain

(AFP) patients had similar personality patterns to those with hysterical conversion. She also concluded that TMJ Dysfunction patients showed marked anxiety and had obsessive personalities, and she suggested that there was some overlap between the two groups.

Engel (1951), and Lefer (1966) have also put forward a psychoanalytic view as to the origins of TMJ Dysfunction. However, they had AFP patients included in their studies. Recent work by Speculand et al (1981) has drawn specific attention to Intractible Facial Pain (IFP) patients and the authors concluded that there was a general distinction between IFP and TMJ Dysfunction patients although there was some overlap between the groups. They found that IFP patients (which would undoubtably include some in the AFP category) were more likely to be psychiatrically disturbed. It is therefore, likely that both Engel (1951) and Lefer (1966) had biased results because they had AFP patients included in their studies.

There is no convincing evidence that the majority of TMJ Dysfunction patients have psychiatric problems. Salter et al (1983) concluded that TMJ Dysfunction patients showed little evidence of neuroticism or abnormal parental bonding attitudes. They also felt that TMJ Dysfunction patients had no more psychological problems than the average population. They claimed that 20 - 30% of patients who attended a general practitioner did so for mainly psychological reasons. They also reasoned that TMJ Dysfunction patients who presented for treatment with the primary cause being psychological problems were within that percentage.

However, Salter et al (1983) did not specifically differentiate between psychiatric and psychological problems. Whilst TMJ patients may not have above average psychiatric problems, they may have higher than average psychological problems (i.e. of a more minor nature). Furthermore, Salter et al (1983) have over-looked the possibility that TMJ Dysfunction may be multifactorial in aetiology. If this is the case, then any psychological effects could be cumulative with other factors. It could therefore be difficult to distinguish between primary or secondary factors since it may be impossible to determine which factors presented first.

Pilowsky and Spence (1975, 1976, 1983) further developed the concept of "abnormal illness behaviour" and, more importantly, have designed a questionnaire to detect patients whose "illness behaviour" deviates from normality. This has been applied by Speculand et al (1981, 1983) and Goss et al (1985) to the respective studies of; IFP patients from a "pain" clinic, T.M.J Dysfunction patients from an English Dental Hospital, and TMJ pain patients from a "pain" clinic. The author found that TMJ Dysfunction patients had significantly increased levels of Disease Conviction, Anxiety or Depression, although the patients were not as different from the control groups as were "chronic pain" patients. These results seem to be more appropriately classified as differences in psychological variables rather than an indication of any psychopathology. This distinction was emphasised by Bergin (1966). Speculand et al (1981, 1983, 1985) found that IFP patients more closely followed the behaviour profile of "chronic pain" patients.

(ii) Personality Traits

Dunbar (1935) proposed that some TMJ Dysfunction patients may be predisposed to the disorder due to specific personality traits or characteristics. Since then, considerable research has been carried out to ascertain the validity of this proposal. Personality characteristics are usually analysised by evaluating responses to standard questions (Rugh and Solberg, 1979). DeBoever (1973) reviewed several studies and concluded that certain personality traits could lead to tension-relieving habits such as bruxing. However, Rugh and Solberg (1979) were not convinced of this and listed numerous psychoanalytic studies that reported a wide variety of characteristics, which, while not necessarily contradictory of one another, were also not consistent. Rugh and Solberg (1979) concluded therefore, that establishing a unilateral personality profile for TMJ Dysfunction patients is very difficult, if not impossible.

The studies that Rugh and Solberg (1979) reviewed included many AFP patients in their investigations and probably some intractable pain patients as well. However, in 1981 and 1983, Speculand et al showed that patients with intractable pain varied in profile both from normal controls and TMJ Dysfunction patients. They found that IFP patients matched more closely the profiles of "pain clinic" patients. Thus, psychiatric profiles of IFP patients and intractable pain patients have been shown to vary significantly from normal controls (Speculand et al, 1981; Pilowsky and Bassett, 1982). Therefore, some of the discrepancies mentioned by Rugh and Solberg (1979) may be explained due to the diversity of the types of patients used in the studies that they reviewed. In any case, it could be expected that there would be variation in a patient population and not all TMJ Dysfunction patients could be expected to have exactly similar psychological profiles (Speculand et al, 1981).

Rugh and Solberg (1979) did make a very valid point that, despite the fact that many tests enabled quantification to be carried out (Kearns et al, 1982), consistent comparison of results between many studies has been made difficult by the use of clinical "jargon". Examples of some tests that allow quantification are the Illness Behaviour Questionnaire (I.B.Q.) developed by Pilowsky and Spence (1983), and used with facial pain patients by Speculand et al (1981, 1983); the State And Trait Anxiety Inventory developed by Spielberger (1975); and a Depression Scale Rating developed by Zung (1965). These tests all serve to quantify specific variables in order that one group of patients may be compared to another.

Lupton (1966) and Shipman (1973) found specific personality characteristics in TMJ Dysfunction patients whereas Solberg et al (1972) did not. This contradictory situation has lead to some scepticism as to whether personality characteristics have a causal relationship in TMJ Dysfunction (Rugh and Solberg, 1979). However, it seems likely that specific characteristics may be dominant in different groups of patients (Speculand, 1982), although there may be individual variations (mentioned above) within the groups. As such, it may be inappropriate to compare directly "across the board". Rather, comparisons should only be made within similar homogeneous groups of patients (eg: public hospital groups, private patient groups, chronic pain clinic patients and healthy patients).

Certainly, if TMJ Dysfunction has a multifactorial aetiology then personality characteristics could play an important part in the initiation or maintainance of dysfunction. These characteristics may not be the primary cause of the disease, but they may act as a "catalyst". Therefore it seems too harsh for Rugh and Solberg (1979) to summarize that "it would appear futile to expend effort in attempting to develop an aetiological theory of temporomandibular pain and dysfunction based upon personality assessment, unless assessment procedures are improved or some attempt is made to sub-categorize TMJ patients". The reasoning behind this statement is likely to be correct but is far too stifling.

(iii) Emotional States

Personality characteristics are considered to be a relatively permanent part of an individual person. Short-term states are more of an emotional nature and involve feelings such as anxiety, hostility, apprehension and anger. Lazarus and Averill (1972) reported anxiety to be an emotional reaction stimulated by a perceived inability to cope with the environment.

It has been well documented that TMJ Dysfunction patients seem to be over anxious (Moulton, 1955; Solberg et al, 1972; Molin, 1973; Molin et al, 1973). However it must be realized that although anxiety has been associated with TMJ Dysfunction in different patient groups, this does not necessarily imply a causal relationship. It may be that the pain and/or fear of the dysfunction symptoms cause the associated anxiety (Dyer, 1975). It may also be an environmental association (such as profession or occupation) that causes the duel problems of TMJ Dysfunction and anxiety (ie: independent of one another). This was suggested by Franks (1964) and Lupton (1966). Furthermore, any causative factors of TMJ Dysfunction may also cause anxiety and as such, anxiety and TMJ Dysfunction may both be a result rather than a cause.

Irrespective of the above possibilities, Moulton (1955) suggested that anxiety may produce autonomic responses which can cause a structural change to the oral cavity. Thus anxiety could lead to bruxing which, if prolonged, may result in tissue damage and pain. This concept has been modified and developed by many researchers (Schwartz, 1959; Franks, 1965; Molin et al, 1973), and forms the basis of the myofascial theory (Laskin, 1969; Lupton, 1969; Evaskus and Laskin, 1972).

There has been a wealth of evidence to support the concept than anxiety can increase muscular activity (Perry et al, 1968; and Yemm, 1968, 1969, 1972). It was mentioned in Chapter III that Christensen (1967, 1971) showed that experimentally produced contractions of the masticatory muscles produced pain and symptoms similar to those of TMJ Dysfunction. Never-the-less, it still remains to be positively proven whether anxiety subsequently leads to bruxing, which consequently develops into TMJ Dysfunction. Certainly, such an association may be true. However, it is also just as true that not all people brux when they are anxious, and even if people do brux (whether they are anxious or not), they do not necessarily develop TMJ Dysfunction.

Thomas et al (1973) showed that under stressful conditions (which lead to anxiety) TMJ Dysfunction patients developed more tension in their masticatory muscles than did non- TMJ Dysfunction controls. As well, the muscle tension that was produced lasted longer in the TMJ Dysfunction patients. The conclusion that could be drawn from this, was that muscle hyperactivity or hypertonicity could be elicited by emotional stimuli or anxiety. This was supported by the work of Evaskus and Laskin (1972) who demonstrated increased levels of urinary catecholamines in myofascial pain patients compared to a control group. This result could be due to either increased emotional stress causing an increased central or peripheral neuronal activity, or perhaps due to muscle hyperactivity. Irrespective, it could be stated that anxiety or emotion and muscle hypertonicity seemed to have some relationship to TMJ Dysfunction. However, it has not yet been determined whether this relationship was causal or subsequential.

Stress may increase the activity of muscles which may lead to an increase in bruxing. However, it should be realized that people can perceive stress (i.e. the stimulus) differently, and the physical response to this stress may also vary. Some people may brux, some may have an increase in blood pressure, some may produce more stomach acid and yet others may develop some other type of musculo- skeletal problem. Therefore, patients will respond differently to various aetiological stimuli, both in the type and in the magnitude of the response.

Lipton and Marbach (1978) found that clinical factors such as oral status and physical symptoms were irrelevant in prediciting treatment outcome to conservative therapy, and this finding may indicate that the prognosis to treatment could be dependent on various psychological factors rather than the actual methodology of treatment. The findings of Lipton and Marbach (1978) indicated that socio-cultural, behavioural, attitudinal and historical variables may be more relevant than the physical symptoms of the disease.

2. Pain

Pain is an individualistic response in each sufferer and its quality and quantity can not be easily or accurately measured. Acute pain alerts the body to the fact that tissue damage is imminent, or has, or is occurring (Rugh and Solberg, 1979). Chronic pain does not necessarily have this protective role (Bonica, 1974). Chronic pain can be defined as pain that persists longer than six months.

Melzak (1974) has mentioned that pain is influenced by many things, some of which may be attention, anxiety, suggestion and conditioning. As well, Molin et al (1973) found that individuals varied in their perception and tolerance of pain. They also found that TMJ Dysfunction patients had lower pain tolerance levels than normal subjects. Pain may also be perceived as being worse if the patient thinks that the pain is of a serious nature (eg: cancer). For this reason, Gross and Vacchiano (1973) recommended counselling all TMJ Dysfunction patients in order to inform them that whilst their pain may be real, the condition was not life threatening.

The response of pain can also be used for "attention getting" by some patients, although these patients are more likely to be in the AFP category. With this latter category of patients, treatment can be difficult and unrewarding because the patient may have no obvious physical cause for their pain and yet, for a variety of reasons, which are predominantly psychosomatic, their symptoms persist.

Chronic pain from TMJ Dysfunction may be similar to AFP and this may be as important in formulating a diagnosis as the actual physical findings (Rugh and Solberg, 1979). Pain is usually reflexive and protective. However, in the chronic form it has the capacity to be used by the patient to gain either sympathy or attention. Pain is also dependent on the patient's perception and conditioning (Sternbach, 1968). As such, the intensity of pain may not relate proportionally to the degree of trauma or tissue damage. As well, the removal of the causative factor may not necessarily eliminate the pain. Patients who have pain of this type may be better served by being advised how to cope with their problems and pain rather than being subjected to multiple forms of "curative" treatment (Melzak, 1974).

Huskisson (1974) listed factors known to produce a variation in pain threshold (ie: the level where a stimulus is first perceived as pain by the individual). These variables included race, sex, age, tissue damage, fatigue, fear, suggestion, distraction, placebo, drugs, and personality. It was shown that the pain threshold increased with age and that males have a higher threshold than females. Pain tolerance (ie: how much pain an individual is willing to put up with) has also been investigated, and Molin (1973) found that lower tolerance groups had higher scores for anxiety and muscle tension.

It can be understood, therefore, that there are many psychological and socio-economic factors which influence pain and its perception by the patient. Similar factors can also affect the symptomatology of TMJ Dysfunction and vice versa.

3. Illness Behaviour

(i) Atypical Facial Pain, Intractable Pain, and Depression.

Bond (1980) alluded to four traits that relate to pain. They were anxiety, depression, hysteria and hypochondriasis. Anxiety has been found in chronic disorders (Pilowsky et al, 1977). Depression has been associated with a lowered tolerance of pain. Pain may activate hypochondriacal traits, may tend to exaggerate personal experience, and may become demanding. Depression has been found to be less common than anxiety in TMJ Dysfunction patients. However, depression was more prominent in recalcitrant patients (Marbach and Dworkin, 1975).

In 1982, Pilowsky and Bassett compared chronic pain patients with depressed patients. They found that patients with chronic pain were older and were more likely to be married. Chronic pain sufferers reported problems (due to pain) more often with their activities and sleep. They also reported impairment of motor functions. They had less dysphoria, and Illness Behaviour Questionnaire (I.B.Q.) results suggested a conversion reaction. Pilowsky and Bassett (1982) also noted that depressed patients recalled more life events in the one year prior to presentation, whilst chronic pain patients recalled events nine to ten years previous. Some of the instruments used to assess the psychological factors were the Zung Test (Zung, 1965), and the Spielberger State and Trait Anxiety Inventory (Spielberger, 1975).

AFP can be difficult to distinguish from, and can be combined with, recalcitrant and intractable TMJ Dysfunction pain (Moore and Nally, 1975; Speculand et al, 1979). However, usually AFP can be distinguished from trigeminal neuralgia by a differing description of history of symptoms, response to local anasthesia and correlation to anatomical neural pathways. AFP is poorly localized, of a chronic nature, and has a poor correlation to anatomical nerve distribution. Patients are generally reluctant to accept an emotional explanation for their pain and this can be ascertained by the I.B.Q. (see later). They usually are resistant to psychiatric help and will readily submit to surgery (Harris, 1975). However, depression can be a major problem (Lascelles, 1966; Moore and Nally, 1975). As such, AFP can be regarded as separate from, but generally related to, a sub-group of TMJ Dysfunction patients in which psychological or psychiatric factors predominate. It is important that these different groups are distinguished by the clinician.

Intractable pain has been defined as pain that does not respond satisfactorily to treatment and, as previously mentioned, chronic pain is defined as pain that lasts more than six months (Speculand, 1982). While chronic pain may well be intractable, the two are subtly different in their definition. Patients with IFP may well have forms of AFP and TMJ Dysfunction, or facial neuralgia (Goss et al, 1985). IFP frequently has psychological aspects involved with it (Harris, 1975; Goss et al,1985) and some cases of IFP have culminated with acute psychotic reactions if diagnosed and treated inappropriately (Delaney, 1976).

(ii) Illness Behaviour Questionnaire (I.B.Q.)

In order to clarify the diagnosis of pain problems similar to the ones mentioned above, Mechanic (1962, 1970) introduced the concept of "illness behaviour". This concept encompassed areas of; pain recognition and expression, receptivity to physical and psychiatric treatment, and escapism from obligations and responsibilities. Race, education and employment status were also variables that were considered.

Pilowsky and Spence (1976) further developed the concept of "abnormal illness behaviour" and investigated how this behaviour could easily be determined. They suggested that abnormal illness behaviour was determined by whether or not the patient was influenced by the doctor's explanation, and whether the patient's response to their illness was appropriate with the degree of organic pathology observed. Pilowsky and Spence (1975) specified some conditions that should be applied to any valid factor-analytic investigation. These conditions were; that the study group should be heterogenous, that the illness was appropriate, and that the method of assessment was applicable, convenient and acceptable. Pilowsky and Spence developed a 52 question/answer Illness Behaviour Questionnaire (I.B.Q.) which, after factor analysis, had seven, interpretable, first order factors or scales. There were; General Hypochondriasis, Disease Conviction, Psychological Verses Somatic Focussing (perception of illness), Affective Inhibition, Affective Disturbance, Denial, and Irritiability. The mean scores for the different factors can be used to obtain an average illness behaviour profile of a given group of patients. Pilowsky and Spence (1976) found that intractable pain patients were more convinced of the presence of disease and could not readily accept reassurance or explanation from the doctor when compared to other groups of patients with gross physical pain.

The pattern seemed to be one of organic preoccupation, non-acceptance of medical advice, and disease conviction. Two basic groups of intractable pain patients were distinguished. One was a group whose pain was so prominent that it obscured other aspects of the stress response. The other was a clearly abnormal illness behaviour group whose pain was associated to a personality disorder or a maladaptive response to psychological stress.

The I.B.Q. was expanded by Pilowsky and Spence (1983) to include 62 questions. This was used by Speculand et al (1981) who determined that IFP patients had essentially the same profiles as general intractable "pain" patients (Pilowsky and Spence, 1976). However, these factors were not always dominant enough to be reliable in diagnosis. As such, a weighted second order factor (ie: a "Discriminant Function", Pilowsky et al, 1979) was also used (revised in 1983 by Pilowsky and Spence). This Discriminant

Function used a factor loading formula which Speculand et al (1981) found to be 75% effective, on the basis of their I.B.Q. scores in discriminating between IFP and control groups. Pilowsky ans Spence (1976) and Speculand et al (1981) found that illness behaviour did not appear to be influenced by the site of the pain or the degree of pathology, or the duration (chronicity) of the pain. What was very interesting, was that intractable pain patients showed a lower overall level of depression (Pilowsky et al, 1977). This was a diverse result from chronic pain sufferers.

Patients with abnormal illness behaviour involving the face may be different to the normal population. Many of the general population do not seek professional help for dysfunction or pain (Helkimo, 1979). Marbach and Lipton (1978) thought that there seemed to be a different understanding and need for help in the TMJ Dysfunction patients that they reviewed. The majority had had pain for more that 5.2 months and over half had been seen by three or more health professions. These specifications would place them into an abnormal illness behaviour pattern as mentioned by Speculand et al (1983). These latter researchers found that TMJ patients (as a group) had significantly higher levels of Disease Conviction, Anxiety or Depression and were likely to deny the existance of problems in their life. They also found in their study of TMJ Dysfunction patients, that over half the failures of conservative therapy (13%) showed abnormal illness behaviour. They reported that seventy-five percent of all patients with TMJ Dysfunction that were investigated could be correctly classified as having no illness behaviour problems.

These results were in support of work by Marbach and Dworkin (1975); Heiberg et al (1978); and Heloe et al (1980). Essentially, these workers also found that some patients (a sub-group) had TMJ Dysfunction problems that were secondary to a deeper cause.

The existance of this sub-group is obviously important to a clinican making a differential diagnosis. However, not all chronic pain patients should necessarily be diagnosed as presenting with primary psychological or psychiatric problems. These workers pointed out that psychological factors should not be weighed too heavily until all chance of other organic pathology has been ruled out, and this opinion is supported by Ratner et al (1979).

4. Life Events

Fine (1971) found that over half of TMJ Dysfunction patients had had recent stressful life-event episodes that lead to psychological problems developing. Likewise, Moore and Nally (1975); Heloe et al (1977); and Heiberg et al(1978) found that stressful events were associated with TMJ Dysfunction patients. The most common categories of events were related to working conditions, family problems, illness in the family, and financial problems. Moody et al (1981, 1982) also implied that stressful life events acted as a precipitating factor in the onset of TMJ Dysfunction and the related symptoms.

Rabkin and Struening (1976) have suggested that social stress may include bereavement, marriage, and unemployment. These events altered an individual's resistance (ie: ability to cope) and as such, if susceptibility was increased, then the event acted as a precipitating factor for the onset of problems. They also said that influencing factors may alter the individual's perception of the events or his sensitivity to them. These factors may be such things as medical conditions, and previous experiences. Rabkin and Struening (1976) also mentioned other predisposing factors such as behaviour patterns, previous experiences, and personal characteristics.

It is usual for factors that precipitate illness to be transient in nature, and these factors have been subject to a great deal of research. Life-events research has attempted to demonstrate a temporal association between recent life events and the onset of various illnesses. A cumulative effective has been assumed. Many studies have used a 43 item list as described by Holmes and Rahe (1967). This list highlighted family, personal, occupational, and financial problems. In initial studies, scores were obtained from the numerical total of events. Further development lead to a weighted score that took into account the degree of readjustment required following the event. This list has the distinct advantage that questions can be asked of patients in the form of a questionnaire. Thus, some anonymity can be allowed and investigator bias may be avoided. As well, the ease of data collection can be considerably easier when compared to a semi-structured interview.

Anxiety may be induced by both negative and positive events (eg: death or marriage). Thus not only negative events should be isolated and determined, but also positive ones as well. The system of Holmes and Rahe (1967) assesses, on a sliding pre-determined scale, both positive and negative events.

Paykel et al (1969) developed a semi-structured interview list of 62 life events that were derived, somewhat remotely, from the list of Holmes and Rahe (1967). Paykel et al (1969) found that "exit" events were more frequent in depressed patients, as well as undesirable events. Their study acknowledged that the perception of the event may be clouded by depression, and as such, patients were not interviewed until some positive response to treatment had been achieved. Rabkin and Streuning (1976) suggested that some life events may occur as a consequence of individual personality (eg: depression may cause a divorce), although this would not influence events that occurred to others (eg: death, illness etc). The likelihood of a false correlation must therefore be borne in mind when trying to establish a causative relationship to a particular disease. There has also been considerable evidence produced that has shown that life events may be related to depression as well as to relapse into depressive states after treatment (Paykel et al, 1971; Jacobs et al, 1974; Paykel and Tanna, 1976).

Brown et al [1973, (a) (b)] established some protocol and criteria for measuring life events. These were; random selection of control subjects (matched) elimination of events dependent on the illness and accurate dating of the event and the disease. They found that there was good agreement (80%) between patients and relatives as to the reality of the events. They also found that 31% of depressed patients had at least one severe independent life crisis within 38 weeks of the onset, as compared to 9% in controls. Brown et al [1973 (b)] devised a methodology that, via mathematical manipulation, managed to calculate a "brought forward time". This was used by Speculand et al (1984) to calculate a time between meaningful life events and the onset of the symptoms of TMJ Dysfunction (or more correctly perhaps, the time that help was sought to control the symptoms). This time was in the order of 40 weeks. However, no matter how properly done, this figure of a "brought forward time" was a subjective concept obtained from the data by statistical manipulation.

Many studies have shown a link between life events and psychiatric symptoms (Paykel et al, 1969; Myers et al, 1972; Cooper and Sylph, 1973). As well, the investigations of Myers et al (1972) suggested that about 15% of the general population exhibited psychiatric symptoms. This figure is important if one realizes that AFP is predominantly a psychological problem (Speculand et al, 1981). Myer et al (1972) also found, when re-interviewing patients some time after the initial interview, that a greater number of life events compounded their psychiatric problems whereas, a decrease in their life disturbances or problems lead to an improvement in symptoms. Furthermore, Myer et al (1975) found that some patients developed psychological problems from relatively few life events, if those patients were in special categories. These categories were; low socio-economic status, unemployment, house-wives, single, exhibited dissatisfaction with employment, and had been recently hospitalized within preceeding years. Speculand (1982) intimated that these types of variables may similarly influence whether the symptoms of a TMJ Dysfunction patient are relieved or not by a particular treatment. Essentially, he suggested that recalcitrant patients appeared to be ones who were not well integrated in a social sense.

It is widely agreed (Rabkin and Struening, 1976) that stresses of sufficient intensity and duration will induce an acute stress reaction in all persons. Pilowsky and Basset (1982) have indicated that this response was most likely to be depression. This reaction would be regardless of predisposition and can be considered a normal reaction. What now needs to be identified are the predisposing factors that induce physical symptoms when only small amounts of acute stress are involved. Similar factors may be involved in the appearance of physical symptoms when relatively "normal" stress has a long duration period.

It has not yet been fully determined what is the absolute correlation between life events and illness behaviour (Mechanic, 1976). Although associations between the two have been shown, it is more difficult to establish a causal relationship. This is simply because there are an infinite number of influential variables that need to be considered in most cases. These are largely circumstantial in nature (eg: socio-economic, psychological, and situational characteristics). Also, Mechanic (1976) has pointed out that stress is a normal part of life. It therefore, may not be possible to stop stress for all patients suffering stress-related symptoms. Rather, it may be more applicable that clinicans should attempt to help individuals cope more adequately with the problems that they have to face.

The vexing question remains as to whether it is an excessive number of life events (ie. stress) that is related to illness behaviour, or whether it is the patient's ability (or lack of it) to deal with stress, however small it may, be that is the cause of the problem. To some degree, this question applies also to anxiety which is an emotional reaction stimulated by (or accompanying) the perception of a threat or uncertainty. Anxiety may be thought of as an inability to cope with the environment (eg. life events). It cannot be overlooked that certain life events may lead to an anxiety response, which may then lead to TMJ Dysfunction, rather than there being an absolute or direct association between life events and TMJ Dysfunction.

5. Definitions

-anxiety

> "Apprehension, dread, uneasiness, the feeling stems from fear, but it is more a fear of what might happen or what has happened than an obvious specific fear provoking situation. An important term in psychiatry with a variety of meanings." (Munn et al, 1969).

-depression

> "A melancholy mood, a feeling of hopelessness, an attitude of dejection. In serious cases, a symptom of mental illness." (Munn et al, 1969)

-emotion

"A complex condition including such feelings, actions and psychological changes as occur in fear, rage, excitement and so on. In its most obvious manifestations it is an acute condition charecterised by disruption of routine experiences and activities." (Munn et al, (1969).

-neurotic

"Pertaining to neurosis, a person who has neurosis. Neurotic behaviour is behaviour involving the symptoms found in a neurosis, particularly anxiety." (Munn et al, 1969).

-personality

"The most characteristic integration of an individual's structures, modes of behaviour, interests, attitudes, capacities, abilities and aptitudes. The whole person as others know him." (Munn et al, 1969).

-profile (psychological)

"A graph which represents an individual's scores in each of several skills or on several personality tests." (Munn et al, 1969).

-psychiatry

"A branch of medicine concerned with mental (behaviour) disorders." (Munn et al, 1969)

-psychology

"Science of the mind and/or behaiour. Why organisms do what they do." (Gleitman, 1981).

"The science of behaviour and experience; the science of adjustments of organisms to their environment." (Munn et al, 1969)

-psychopathology

"Sometimes called 'abnormal psychology', deals with a wide assortment of behavioural conditions that generally cause anguish and seriously impair the person's functioning." (Gleitman, 1981).

-trait (psychological)

"Relatively constant aspects, characteristics or dimensions of behaviour. Usually applied to personality and exemplified by terms such as introversion, dominance, sociability, persistence and honesty." (Munn et al, 1969).

CHAPTER V

SUCCESS OF CONSERVATIVE TREATMENT

1. Criteria for Evaluation

It has been mentioned in the preceding chapters that there has been a voluminous amount written and published about TMJ Dysfunction. It has also been mentioned that much of what has been published is neither scientific in its methodology or credible in its accuracy.

It is particularly important for the clinician to know the likely prognosis and outcome of any treatment for a patient suffering from TMJ Dysfunction. Because of this, and because it has special implications in the current project, the present chapter has been compiled to give a resume of some of the recent literature that has reported on the outcome of treatment of TMJ Dysfunction.

In evaluating the literature, consideration has to be given to:

- The duration of the study (with more emphasis being given to studies of a longer duration).
- The type of dysfunction being treated (acute dysfunction has a better prognosis than chronic or intractable dysfunction).
- The number of patients monitored, examined or included in the study (preferably, at least 30 to 50 patients should be included in order that valid statistical analysis can be carried out).
- The homogeneity of the patient sample [the less homogeneous the sample (ie. the more heterogeneous) the more diverse the results may be and the greater numbers that are required to obtain valid statistical results].

- The use of control groups to compare with experimental groups. (This is especially so when it has been suggested that sex, age, individual psychological makeup, state of the dentition, recent life events, etc may all influence whether or not the patient suffers or recovers from TMJ Dysfunction. These factors may influence the response of the patient to treatment along with other variables such as placebo effects, doctor-patient relationship, etc. Because of this, these variables should be matched in the control group if at all possible.)
- Statistical analysis. (The appropriate statistical analysis should be carried out on all data if possible. If analysis is not done then the credibility that can be placed on the particular study must be severely limited. There is a more detailed explanation on statistical analysis in Appendix IV.)
- Examiner bias. (The examiner should be well trained in the respective area that he is investigating and any bias should be overcome by conventional double-blind studies. Unfortunately this cannot usually be done in practice.)
- Treatment methodology. (Treatment should be the same throughout the study but the patients' welfare must be considered of primary importance. The reality is therefore that treatment plans, experimental protocol and methods often need to be varied in clinical studies.)
- The indices of dysfunction. [The index or indices to measure dysfunction should be as constant as possible. The index used should strive to minimize subjective opinions or impressions by individuals (either the patients or examiners).]

2. Precis of Publications

The following pages have notes on a number of recent publications. They have been arranged in alphabetical order dependent on the name of the primary author. The titles of the publications and their respective journals are listed in the Reference chapter at the back of this thesis.

In many cases, there was a distinct lack of information given in these particular publications. For example: What was the dental status of patients; was the examiner an oral surgeon, dentist, periodontist, etc; what type of examination was carried out; what was the average duration of the study;what was the average age of patients? If this information has been omitted in the following pages it was not done purposely, but from either the lack of specificity in the text of the publications or simply that the information was not mentioned at all.

These comments notwithstanding, it is acknowledged by the author that it is easier to criticise rather than to carry out a research project. However, the main reason for criticising many of these previous research publications is not to be specious or condescending, but rather to identify their limitations and to attempt to correct them in the current project.

Authors:	Agerberg and Carlsson
Published:	1974
Duration of Study:	3 - 5 years
Number of Patients:	82
Sex of Patients:	10 Male, 72 Female
Age of Patients:	20 - 74 years
Examiner:	Dentist
Examination:	Questionnaire - The initial exam recorded the severity of symptoms.
Statistical Analysis:	None
Treatment:	Conservative - reversible
Results:	- 75% of patients had no symptoms or only mild ones after treatment. - However, a third of patients in the older age group thought they needed further treatment.
Comment:	- It was mentioned that it may be desirable to follow up patients, in order to ascertain how patients perceive their problem.

Authors:	Block and Laskin
Published:	1980
Duration of Study:	About 3 - 6 weeks
Number of Patients:	22
Sex of Patients:	Not stipulated
Age of Patients:	Not stipulated
Examiner:	Probably dentist.
Examination:	Looked specifically at muscle problems by clinical examination.
Statistical Analysis:	None
Treatment:	Reversible - 6 controls with placebo - 16 experimental - pulse stimulation twice - over 6 -12 sessions (twice every week)
Results:	- 6 placebo controls: 1 patient had complete relief 3 partial relief 2 failed to respond - 16 stimulated: 3 gained complete relief 9 obtained partial relief 4 failed to respond
Comments:	- This was not a good study especially considering the low patient numbers and the fact that statistical analysis was not done.

Authors:	Brooke, Stenn and Mothersill
Published:	1977
Duration of Study:	16 to 44 months from presentation.
Number of Patients:	194
Sex of Patients:	164 Females, 30 Males
Age of Patients:	Patients were mainly between 15 - 35 years of age.
Examiner:	Dentist - Authors
Examination:	Checked for symptoms of pain, clicking, tenderness, lack of function. Diagnosis was for MPD.
Statistical Analysis:	Chi-square
Treatment:	Reversible - Psychological factors were treated and secondary conservative treatment was given - tranquillizers - occlusal splint - physiotherapy
Results:	- The response to treatment was that: 18.6% patients still required treatment 39% had no symptoms and 41.8% patients had occasional symptoms - Post-trauma cases indicated that treatment of TMJ Dysfunction for this group of patients had significantly-less favorable results.
Comments:	- There was a strong recommendation that <u>no</u> irreversible treatment should be carried out on TMJ Dysfunction patients.

Authors:	Carraro, Caffesse and Albano
Published:	1973
Duration of Study:	3 months
Number of Patients:	300
Sex of Patients:	Not stipulated
Age of Patients:	11 - 83 years, average 20 years
Examiner:	Dentists
Examination:	Clinical
Statistical Analysis:	Chi-square
Treatment:	Irreversible and reversible - Splints - Occlusal adjustment - Counselling
Results:	- 100% of the patients showed good or fair improvement after 3 months.
Comments:	- The statistics and data were a little confused. - The results seem hard to believe in view of all other reports in the literature; none of which have professed a 100% success rate. - The patient population was a young age group and this may explain the high success rate.

Authors:	Carraro and Caffesse
Published:	1978
Duration of Study:	6 weeks - 4 years
Number of Patients:	170
Sex of Patients:	138 Female, 32 Male.
Age of Patients:	15 - 48 years, average 26.3 years
Examiner:	Dentists
Examination:	Clinical
Statistical Analysis:	Chi-square
Treatment:	Reversible - Occlusal splints - Splints used 6 months (1 month all the time)
Results:	- The results indicated that both pain and dysfunction will improve with the use of a splint. - Improvement by the patient was significantly better if only pain was involved (rather than dysfunction) - The indication was that 80% of patients would improve with the use of a splint.
Comments:	- Statistical analysis and data produced in the article were a little confused and ambiguous.

Authors:	Clark, Beemsterboer, Solberg and Rugh.
Published:	1979
Duration of Study:	About 4 weeks
Number of Patients:	25
Sex of Patients:	18 Female, 7 Male.
Age of Patients:	Female, average 26.8 years, Male, between 22 - 50 years.
Examiner:	Dentist
Examination:	Index similar to Helkimo. - E.M.G. recording - patients had no partial dentures.
Statistical Analysis:	t-Test.
Treatment:	Reversible - Occlusal Splints
Results:	- Of the 17 "moderate" patients, 64% had a decrease in muscle activity after treatment whereas only 25% showed a decrease in muscle activity if they had "severe" symptoms. - The average was that 52% of the patients showed a decrease in muscle activity, and 28% had no change.
Comments:	- The authors expressed some concern at this lack of success. - However, a decrease in the symptoms of TMJ Dysfunction may not necessarily be related to a decrease in muscle activity as measured by the E.M.G. It may only be a coincidental association. - Some of the stated results seemed contradictory and the short-term small sample number, and lack of controls placed severe limitations on the reliability of the results.

Author:	Cohen
Published:	1978
Duration of Study:	6 weeks to 12 years
Number of Patients:	105
Sex of Patients:	82% Female
Age of Patients:	62% females were below 40 years of age.
Examiner:	Author
Examination:	Questions by a telephone survey.
Statistical Analysis:	None
Treatment:	- All treatment was conservative except one. - Counselling was included in treatment.
Results:	- 62% of patients had no further problems after treatment. - 25% improved or were under control. - 13% went elsewhere or continued to have problems.
Comments:	- This was really only a frequency distribution study. - There was no expansion on the methodology of the telephone conversation, which may have been biased. - This was not a substantial publication.

Author:	Dachi
Published:	1968
Duration of Study:	5 years
Number of Patients:	55
Sex of Patients:	80% Female, 20% Male.
Age of Patients:	14 - 62, average 33 years There were 50 control patients who had no TMJ symptoms and were of similar sex, age and tooth loss distribution.
Examiner:	Author
Examination:	Clinical
Statistical Analysis:	None stipulated.
Treatment:	Irreversible and reversible - relief of pain - exercises - 28 patients were dentally fit, 21 needed fillings - prosthesis - occlusal adjustments.
Results:	- 28 of the 55 patients gave no history of emotional problems. - 34 patients were followed up at 3 years. Most were satisfactory.
Comments:	- It was not mentioned whether the 28 patients that were dentally fit, or the 21 who needed dental work, or the 28 who gave no history of emotional problems were in the 34 who were followed up. - Conservative treatment worked in the majority of cases.

Authors:	Gessel and Alderman
Published:	1971
Duration of Study:	Short term
Number of Patients:	11
Sex of Patients:	9 Female, 2 Male
Age of Patients:	Male, average 44 years; Females, 22 - 41 years.
Examiner:	TMJ Clinic
Examination:	Clinical
Statistical Analysis:	Not stipulated.
Treatment:	Reversible - Counselling - Relaxation training - Exercises - Self-control techniques.
Results:	- The authors noticed some atypical pain characteristics - illness behaviour type. - Depressed patients did not respond. - Non-depressed patients did respond.
Comments:	- Very poor experimental protocol.

Authors:	Goharian and Neff
Published:	1980
Duration of Study:	Not stated - apparently between 3 weeks to 1 year.
Number of Patients:	12
Sex of Patients:	7 Female, 5 Male.
Age of Patients:	Not stipulated.
Examiner:	Not stipulated.
Examination:	Clinical
Statistical Analysis:	Not given.
Treatment:	Irreversible and reversible
Results:	- 88% of patients who had muscular problems improved. - 84% of patients who had TMJ problems, improved.
Comments:	- This study left much to be desired since details and methodology were essentially non-existant and number of patients was unacceptably low.

Authors:	Goodman, Greene and Laskin
Published:	1976
Duration of Study:	3 - 6 weeks
Number of Patients:	25
Sex of Patients:	Not stipulated.
Age of Patients:	Not stipulated.
Examiner:	Greene, who was not the operator but a psychologist
Examination:	As per Laskin, 1964
Statistical Analysis:	None given
Treatment:	Reversible - TMJ patients were told about occlusal dysfunction. - First visit - casts were made and analysis was done. - Second visit - the patient was shown casts and explained what was to be "done". However, only mock equilbrations were done. No occlusal surfaces were ground. - Third visit - "readjusted" again. - Fourth visit - the patients were assessed after 2 weeks.
Results:	- 16 (64%) - total or near total remission of symptoms, (13 - symptom free over 6 - 29 months). - The conclusion was that if patients felt that occlusal dysfunction was the key to their problem, then "adjustment" would solve the symptoms.
Comments:	- Only small numbers of patients were studied, no statistical analysis was done, and no control group was used. It was a very condemming report against the use of occlusal adjustment. The results stressed the use of reversible and conservative therapy.

Authors:	Greene and Laskin
Published:	1971
Duration of Study:	2 - 4 weeks
Number of Patients:	90
Sex of Patients:	Not stipulated.
Age of Patients:	Not stipulated.
Examiner:	TMJ Clinic (Psychologist & Oral Surgeon)
Examination:	The patients' own subjective and objective symptoms were recorded.
Statistical Analysis:	None given
Treatment:	Reversible - Placebo or Meprobamate was given successively on one of each of two occasions.
Results:	- Clinical results were that - 60% positive responses were gained to Meprobamate and a 37% positive response to the placebo drug. - The results of the patients' thoughts were that Meprobamate obtained a 58% positive response and the placebo drug helped 31%.
Comments:	- No numbers were mentioned in the results, only percentages, and there were no control patients.

Authors:	Greene and Laskin
Published:	1972
Duration of Study:	6 - 18 weeks
Number of Patients:	71
Age of Patients:	Not stipulated
Sex of Patients:	Not stipulated
Examiner:	Not stipulated
Examination:	Clinical
Statistical Analysis:	None given
Treatment:	Reversible - Occlusal Splints - Patients were started on a control splint with no real occlusal coverage. - If the patient showed no improvement then the splint was altered to an anterior bite splint. If there was still no improvement then the splint was changed to a posterior bite splint. - The new splint (control) was worn 1 to 2 weeks all the time. Following that, if symptoms had improved, it was worn for a further 2 to 4 weeks at night.
Results:	- The control splint gave 40% of the patients some improvement. - Splint 2 (ant. cover) helped 50% of the patients to improve and the full coverage splint was the best. - 80% of the patients showed an improvement in their symptoms with this splint (posterior cover).
Comments:	- Only Myofascial Pain patients were used in the study. - One of the original studies that investigated placebo treatments.

Authors:	Greene and Laskin
Published:	1974
Duration of Study:	Over 10 years, average 3 years
Number of Patients:	135 (100 successful, 35 unsuccessful)
Sex of Patients:	Not stipulated
Age of Patients:	Not stipulated
Examiner:	Not clear - probably a receptionist
Examination:	Questions by a telephone survey.
Statistical Analysis:	None given
Treatment:	Conservative - reversible. - Medications - Exercises - Splints - Physiotherapy - Placebos - Counselling.
Results:	- There were 100 successful cases reported made up of: - 51 being very well - 41 well with minor episodes of pain and these patients had trouble but returned and received more treatment and were subsequently alright. - 6 were not happy, but were satisfactory. - 35 patients were unsuccessfully treated. - (However, when these had further conservative treatment, 15 obtained some relief from their troubles.)
Comments:	- Although the study was significant, the lack of statistical analysis and detail on sex and age of the patients did detract a little from the overall credibility.

Authors:	Greene and Laskin
Published:	1983
Duration of Study:	1 to 11 years (average 5 years)
Number of Patients:	175
Sex of Patients:	Not stipulated
Age of Patients:	Not stipulated
Examiner:	Secretary
Examination:	Questions by telephonic survey.
Statistical Analysis:	None given.
Treatment:	Reversible

- Variable
  - medication
  - biofeedback
  - oral appliances
  - mock equilibration
  - counselling
  - transcutanous nerve stimulation.

Results:

- Initially 74% of the patients treated reported a good outcome to treatment. This percentage increased to 90% in this particular survey which was asking the response to treatment quite some time after the initial treatment.

Comments:

- Gross TMJ problems (ie: dislocation and locking) were eliminated from the sample group.
- Half of the initially unsuccessful patients ended up in a satisfactory category after some time had elapsed since treatment. This was either due to spontaneous resolution or due to the effect of treatment some time after it was carried out.

Authors:	Greene and Markovic
Published:	1976
Duration of Study:	6 – 36 months
Number of Patients:	32
Sex of Patients:	Female
Age of Patients:	Not stipulated
Examiner:	Dentist
Examination:	Positive radiographic findings
Statistical Analysis:	None, frequency distribution
Treatment:	Non-surgical, conservative – medication – bite plates – physiotheraphy – counselling
Results:	– Majority responded to conservative therapy in both the short and long term. (20 of 23 contacted were "doing well").
Comments:	– Radiographic abnormalities may be unrelated to the patient's subjective symptoms or insignificant to the symptoms. They may appear secondary to the primary causes and symptoms. – Patients did not have any major traumatic or pathological problems of the TMJ – Not all patients were contacted (23 from 32).

Author:	Hannes
Published:	1978
Duration of Study:	Over 30 months - however each patient was observed for only 3 - 4 months.
Number of Patients:	127
Sex of Patients:	84% were Female
Age of Patients:	10 to over 50
Examiner:	Hospital Clinic and Dentist
Examination:	Clinical
Statistical Analysis:	None given
Treatment:	Reversible and irreversible and conservative - psychotherapy - drugs - bite planes - myotherapy - occlusal adjustment
Results:	- 121 of 127 made 90% recovery over 30 months. - 23 of patients had full upper and lower dentures.
Comments:	- There was little methodology in this study and the statistical results were not clearly presented. - Potentially this was a good study but unfortunately, there was not enough specific information given.

Authors:	Heloe and Heiberg
Published:	1980
Duration of Study:	18 months
Number of Patients:	108
Sex of Patients:	Female
Age of Patients:	Not stipulated
Examiner:	Dentist, psychiatrist, physiotherapist.
Examination:	Structured - interview, after 18 months. Helkimo "Di" Index, Psychological Index (CIC)
Statistical Analysis:	Chi-square test, but mainly frequency distribution.
Treatment:	Reversible and irreversible - exercises - counselling - drugs - physiotherapy - dental treatment - splint - fillings adjusted - occlusal adjustment
Results:	- 81% improved (46 totally) (40 partially) (16 no change) (6 worse)
Comments:	- Di index seems to have little impact on results of treatment. Severely disturbed (CIC) patients were the least likely to gain from treatment. Also good CIC patients had trouble gaining help. They tended to deny stress and tended to be psychosomatic personalities who denied or repressed emotional conflicts and expressed themselves through socially acceptable physical illness.

Author:	Kopp
Published:	1979
Duration of Study:	18 weeks
Number of Patient:	30
Sex of Patients:	25 Female, 5 Male.
Age of Patients:	Over 16 years, average about 48 years.
Examiner:	Author?
Examination:	Clinical dysfunction.
Statistical Anal:	Non-parametric
Treatment:	Irreversible and reversible - Occlusal adjustment - Counselling
Results:	- 60% of patients had a decrease in their subjective symptoms after counselling, however, there was no decrease in their clinical symptoms. - Occlusal adjustment led to a 67% decrease in patients' clinical symptoms, but the individual variation was considerable.
Comments:	- Criticisms of the study are that the numbers were small, the duration of the study was quite short and the number of teeth varied considerably in patients. - Conclusions were: (1) Counselling decreased the subjective symptoms of patients but not necessarily their clinical symptoms. (2) Occlusal adjustment may decrease clinical signs but individual variation was high. (3) Loss of molar support and old age were two variables that lead to a poor prognosis for occlusal adjustment. (4) The correlation between the response to treatment of subjective and clinical dysfunction symptoms was poor. (5) Natural "fluctuations" in subjective symptoms in 6 weeks was great.

Authors:	Kovaleski and DeBoever
Published:	1975
Duration of Study:	1 month
Number of Patients:	11
Sex of Patients:	2 Male, 9 Female
Age of Patients:	14 - 35 years
Examiner:	Author ?
Examination:	Clinical
Statistical Analysis:	Non-parametric
Treatment:	Occlusal splints
Results:	- The study showed that there was a decrease in the silent period of muscle activity as recorded by the E.M.G.
Comments:	- The study was very short term and the results were gained over a very short period of time. - There were very low experimental numbers in this study. - It is debatable that a change in E.M.G. recordings showed anything of consequence and certainly did not prove that treatment "per se" caused a change or an improvement in symptoms. - Such a short-term study is of minimal use, especially when the low experimental numbers are considered.

Authors:	Laskin and Greene
Published:	1972
Duration of Study:	10 weeks
Number of Patients:	50
Sex of Patients:	Male and Female
Age of Patients:	Unknown
Examiner:	Dentists
Examination:	Muscle tenderness MPD Syndrome
Statistical Analysis:	None, frequency distribution only
Treatment:	Reversible - Counselling - Placebo
Results:	- 52% improvement - The improvement was enough to dismiss without further treatment.
Comments:	- Operator influence and suggestion seemed to play some part in treatment. - This was only a short-term study and it would be difficult to conclude what long-term effects the "doctor-patient relationship" may have.

Authors:	Marbach and Lipton
Published:	1978
Duration of Study:	2 years
Number of Patients:	170
Sex of Patients:	135 Female, 35 Male
Age of Patients:	Female average 37 years Male average 26 years.
Examiner:	TMJ Clinic
Examination:	Categorized patients with open and closed questionnaires. Details of symptoms and history.
Statistical Analysis:	Chi-square where applicable
Treatment:	None given
Results:	- This was more of a frequency distribution study than anything else. - No treatment was given to patients.
Comments:	- "Illness behaviour" was mentioned as important. - Reasonable study as far as it went.

Authors:	Mejersjo and Carlsson
Published:	1983
Duration of Study:	7 years
Number of Patients:	154
Sex of Patients:	Female
Age of Patients:	Between 18 to 60 years
Examiner:	Dentist
Examination:	Helkimo dysfunction index, Anamnestic and Clinical.
Statistical Anal:	Non-parametric including Spearman Rank Correlation.
Treatment:	Reversible - various types
Results:	- Patients had significantly less trouble after 7 years. - 4% still reported severe symptoms after 7 years. - 84% had no symptoms or only mild symptoms after 7 years. (ie: Anamnestic Index improved). - Clinical index: All but 2 cases in severe index had improved significantly after 7 years. - The individual symptoms (ie: the different symptoms that make up the clinical index) also markedly improved. - There was significant correlation between duration of initial symptoms and number of treatments that were needed. - This study found that TMJ noise and locking have favourable prognosis with conservative treatment. - It was found that there were more positive clinical signs than reported (Anamnestic) symptoms.
Comments:	- This was a very good study that had good methodology, statistical analysis, with constant and well-measured indices.

Authors:	Molin, Schalling, and Edmann
Published:	1973
Duration of Study:	Short
Number of Patients:	27 Female - 26 controls
Sex of Patients:	Female
Age of Patients:	Average 29 years of age
Examiner:	Dentist and psychologist
Examination:	Helkimo indices - excluding rarities. Personality inventories.
Statistical Analysis:	"t - Test"
Treatment:	None given
Results:	- There were higher scores for TMJ Dysfunction patients in anxiety proneness and - neuroticism (significant), and - somatic anxiety (significant), and - psychic anxiety (significant), and - muscle tension (significant). - There were also significantly-higher scores in the experimental group for hostility and aggressiveness.
Comments:	- It would generally be considered that non-parametric tests would be more appropriate for statistical analysis, rather than the "t-Test" that was used. - There was good experimental protocol and the results for the experimental group were statistically different when compared to a control group.

Authors:	Molin, Schalling, and Edmann
Published:	1973
Duration of Study:	Short
Number of Patients:	27 Female - 26 controls
Sex of Patients:	Female
Age of Patients:	Average 29 years of age
Examiner:	Dentist and psychologist
Examination:	Helkimo indices - excluding rarities. Personality inventories.
Statistical Analysis:	"t - Test"
Treatment:	Electrical stimulation of fingers - pain.
Results:	- MPD patients had lower pain threshold (significant), and lower tolerance levels (not significant). They also had higher scores of psychic anxiety and neuroticism.
Comments:	- This was not really a "treatment study" but rather an attempt at categorization of patients.

Authors:	Olson, Greene and Solar.
Published:	1980
Duration of Study:	4 weeks
Number of Pstients:	20
Sex of Patients:	None stipulated
Age of Patients:	None stipulated
Examiner:	Dentist
Examination:	Clinic situation - not really specified
Statistical Analysis:	None given
Treatment:	Reversible - Self learned tension control (1) using tapes (audio) (2) using personal lectures.
Results:	- 14 of 20 (70%) improved using one method and 8 of 12 (67%) improved using the other.
Comments:	- Very little detail or data was given in this small study, and no statistical analysis was carried out. - With these things considered, the study did not achieve its full potential.

Author:	Pomp
Published:	1974
Duration of Study:	12 weeks - 3 to 6 months recalls
Number of Patients:	29 which were reduced to 23, some of whom were previous non-respondents to treatment.
Sex of Patients:	25 Female, 4 Male
Age of Patients:	Average 32 years
Examiner:	TMJ Clinic and Dentist
Examination:	For tenderness and clicking
Statistical Analysis:	None, frequency distribution
Treatment:	Reversible - psychotherapy - 12 weeks - 15 showed improvement - 2 others improved (1 with splint and the other with a change in environment).
Results:	- Patients were placed in 4 psychological categories. - The kinds of patient problems that proved possible to deal with in short-term psychotherapy were guilt, anger, loss of control and validation of self-worth. - Problems that proved difficult to deal with were associated with personality characteristics that over-powered all phases of the patient's life. These included long-standing depression, gross hypochondriacal adaptation, deeply-rooted feeling of loss and desertion, and psychotically based symptoms.
Comments:	- This was a low-key investigation showing that basic psychological problems influence, or are associated with TMJ Dysfunction patients.

Author:	Posselt
Published:	1971
Duration of Study:	Over 2 year period
Number of Patients:	269 nurses
Sex of Patients:	Female
Age of Patients:	19 - 22 years
Examiner:	Not specified
Examination:	Clinical - categories - joint symptoms - ear symptoms - head symptoms - naso-phayngeal symptoms.
Statistical Analysis:	Not specified what sort of analysis was done.
Treatment:	Irreversible grinding - 56 (21%) needed treatment - Observed 12 months.
Results:	- Posselt specified that the results "seemed to indicate". In other words, he was not sure of the results and could make no proper or definite conclusions.
Comments:	- Results of occlusal grinding cannot be given any credit because: (1) Patients did not request treatment (ie: the patients did not perceive that they needed treatment). (2) No statistical analysis was carried out. (3) Observed after only 2 months (ie: there was no long-term evaluation). - This study was not well designed or conducted.

Authors:	Reading and Raw
Published:	1976
Duration of Study:	3 months
Number of Patients:	4
Sex of Patients:	3 Female, 1 Male
Age of Patients:	35, 22, 20, 14 years
Examiner:	Dentist
Examination:	Clinical
Statistical Analysis:	None given or possible.
Treatment:	Reversible
	- Relaxation therapy by a psychologist.
Results:	- All patients showed good improvement from their symptoms.
Comments:	- Pilot study. The study cannot be seriously considered due to such low numbers and consequent lack of statistical analysis.

Authors:	Speculand, Goss, Hughes, Spence and Pilowsky.
Published:	1983
Duration of Study:	6 months
Number of Patients:	90 out of 100 of which 70 had known outcome, plus 100 controls.
Sex of Patients:	Female : Male ratio was 4:1
Age of Patients:	50 below 40 years, 50 above 40 years.
Examiners:	Psychologists, psychiatrist and dentists.
Examination:	- Clinical - Illness Behaviour Questionnaire
Statistical Analysis:	"S.P.S.S."; t-Test and non-parametric.
Treatment:	Reversible - conservative - Occlusal splints - Diazepam - Local anaesthetic - Analgesics - Biofeedback - Reassurance
Results:	- The TMJ patients showed significantly-different psychological scales. Compared to controls they had: - increased Disease Conviction - higher Anxiety or Depression - they were less likely to deny life problems - 13% failed to respond to therapy. Over half of these failures showed "abnormal illness behaviour".
Comments:	- A well documented study. Could have continued for a larger following.

Authors:	Trott and Goss
Published:	1978
Duration of Study:	Unknown
Number of Patients:	34
Sex of Patients:	Female
Age of Patients:	Young to middle aged.
Examiner:	Oral Surgeon and Physiotherapist
Examination:	Clinical
Statistical Analysis:	None done
Treatment:	Physiotherapy
Results:	- Physiotherapy helped 60% of 10 patients. - Relaxation therapy helped 80% of 24 patients. - 20% of patients who failed to improve from relaxation therapy had significant psychiatric problems.
Comments:	- The low numbers and absence of controls detracted from this study. Lack of statistical analysis also limited its significance.

Authors:	Zarb and Thompson
Published:	1970
Duration of Study:	30 - 36 months
Number of Patients:	56
Sex of Patients:	46 Female, 7 Male
Age of Patients:	Not stipulated
Exmainer:	Dentist, Radiologist
Examination:	Clinical and Radiographic examination - number of teeth checked - centric relation and occlusion - used palpation methods
Statistical Anal:	None given
Treatment:	Reversible and irreversible - Reduced occlusal and TMJ disharmony by appropriate methods. - decreased pain by analgesics - decreased tension with drugs and compassionate counselling. - used splints, occlusal adjustment, local anaesthetics - exercises, psychiatric consult or surgery.
Results:	Patients were: - 88% female, 12% male. - There was bruxing in 36% of patients. - 34 patients admitted emotional tension. - Majority responded to conservative treatment within 2 weeks (37 patients) - 12 more responded within 8 weeks, 3 more over 8 weeks and 4 were not helped. - 30 to 36 months later; 44 were asymptomatic with no recurrence. - There were 9 recurrences and 3 had no relief.
Comments:	- The study included patients who suffered from rheumatoid arthritis. - There was no real "in depth" psychological assessment of the patients. - There was no statistical analysis.

Authors:	Zarb and Thompson
Published:	1975
Duration of Study:	8 years
Number of Patients:	93
Sex of Patients:	82 Female, 11 Male
Age of Patients:	Average age approximately 40 years
Examiner:	Dentists
Examination:	Clinical
Statistical Anal:	None given
Treatment:	Reversible and Irreversible

- Occlusal adjustment
- Analgesics
- Counselling
- Drugs
- Bite planes
- Surgical (Radical)

Results:

- From the variety of treatments for the 93 patients:
  - 62 patients were asymptomatic
  - 26 recovered
  - 5 obtained no relief.

Comments:

- It appears that no thought was given to intractable pain, or to psychological problems of those who obtained no relief.
- This publication was somewhat confusing as to who was treated by which method and who the failures were.
- However, few significant conclusions can be drawn from the study due to poor experimental protocol.
- Effectively this was a clinical paper detailing the treatment regimes of the authors that had been carried out over a specified period of time.
- Never-the-less, it should the noted that the majority of patients responded to conservative treatment.

3. Summary of Long-Term Studies

There were many research reports reviewed in the preceding section. Some of these were of little significance, and others did not investigate long-term results of conservative therapy for TMJ Dysfunction. Therefore as a final precis, the following pages of this chapter contain a summary of the most applicable studies that have been reviewed.

AUTHOR	No. OF PATIENTS	STUDY DURATION	TREATMENT
Heloe & Heiberg (1980)	108 (Female)	18 months	Reversible and conservative.
Zarb & Thompson (1970)	56 (7 Male) (49 Female)	30 - 36 months	Reversible and irreversible but conservative.
Greene & Markovic (1976)	32 (Female)	18 - 36 months	Reversible conservative.
Greene & Laskin (1983)	175	1 - 11 years (average=5 years)	Reversible conservative.
Mejersjo & Carlsson (1983)	154 (Female)	6 - 7 years	Reversible and irreversible but conservative.

METHODOLOGY	OUTCOME (percentage) Initial*	Longterm**	COMMENTS
Multiprofessional approach. Interview.	80%	81%	Good study using reasonable protocol. No statistical analysis.
Dentist, Radiologist exam and Clinical examination.	90%	92%	Not a good study. No statistical analysis Results somewhat disjointed and numbers low.
Patients all had positive radio-graphic findings at examination. Telephone interview.	72%	87%	(Only 23 of 32 patients were contacted). No statistical analysis Sex of patients not known.
Clinic patients and telephone interview.	74%	90%	Obvious joint pro-blems were not included in this study. No statis-tical analysis. Sex of patients not known.
Helkimo indices and in clinical examination.	80%	84%	The two indices (clinical and anamnestic) had different success rates. Non-parametric analysis. This was a very good study.

* At end of initial treatment.

** Duration of the studies.

AUTHOR	No. OF PATIENTS	STUDY DURATION	TREATMENT
Greene & Laskin (1974)	135	1 - 10 years (average=3 years)	Reversible and conservative.
Dachi (1968)	55 (80% Female) (20% Male)	3 - 5 years	Reversible and irreversible but conservative.
Agerberg & Carlsson (1974)	82 (72 Female) (10 Male)	3 - 5 years	Reversible and irreversible but conservative.
Cohen (1978)	105 (82% Female)	6 months - 12 years	Conservative and reversible
Carraro & Caffesse (1978)	170 (138 Female) (32 Male)	6 months - 4 years	Reversible and conservative.
Brooke, Stenn & Mothersill (1977)	194 (164 Female) (30 Male)	16 - 44 months from initial visit.	Reversible and conservative.

METHODOLOGY	OUTCOME (percentage)		COMMENTS
	Initial	Longterm	
Clinical assessment and telephone survey.	71% (of 134)	92% (of the successful 100).	No statistical analysis and dubious study which left much to be desired.
Clinical assessment and Mail questionaire.	89% (of 50)	90% (of 34)	No statistical analysis. Numbers low. Did not seem to carry out simple counselling or explanation.
Clinical assessment and Mail questionaire.	75%	67%	No statistical analysis. Questions by mail. The study was not overly good.
Clinical assessment and Telephone questions	-	87%	Suspect study - telephone questions may have been biased. No statistical analysis.
Clinical assessment and questioning.	-	80%	TMJ - radiographic problems - not included. Non-parametric statistics done. Good study.
Clinical assessment and clinical questioning.	-	81%	No radiographic evidence of TMJ disease. Past trauma cases had significantly less recovery.

CHAPTER VI

METHODS AND MATERIALS

1. Subjects

(i) Selection

(a) Female and male patients who presented for treatment at the Oral and Maxillofacial Surgery Unit. This is a combined unit of The University of Adelaide, the South Australian Dental Service and the Royal Adelaide Hospital.

(b) Female and male patients who were referred to the private practice of a specialist Oral Surgeon, Dr. A. Goss.

(c) Female patients who presented to the private practice of a general dental practitioner, Dr. D. Gerke.

(ii) Criteria for Selection

- Inclusion

(a) Patients had to consent to be in the study.

(b) Patients had to be able to speak, write and comprehend the English language.

(c) Patients had to be above 15 years of age.

(d) All patients (except controls) presented with facial pain that was not of odontogenic origin and had no obvious gross pathological cause.

(e) Generally, facial pain was due to TMJ Dysfunction or was of an atypical or intractable nature. The presence of symptoms and signs of mild osteoarthritis of the TMJ did not exclude patients from the study.

- Exclusion

(a) Patients were excluded if they:

- had a known psychiatric illness
- had had previous surgical intervention for their pain.

(b) Patients with trigeminal or glossopharyngeal neuralgia and rheumatoid arthritis were also excluded from the study.

- Controls

(a) Controls were selected from patients who presented with pain of known odontogenic origin to the Oral and Maxillofacial Surgery Unit. As near as possible, they were matched for age and sex to the experimental groups.

(b) For practical and professional reasons, only a few controls were obtained from the private practice of Dr. Goss.

(iii) Number and Distribution of Patients (controls included)

A total of 176 patients were involved in the study.

(a) Oral and Maxillofacial Surgery Unit

The number of distribution of patients examined in the Department is shown in Table 6.1. Patients were categorised broadly by:

(1) Diagnosis - TMJ Dysfunction
- TMJ Dysfunction with other musculo skeletal (m.sk) problems
- Atypical Facial Pain
- Dental pain (control) group.

(2) Sex - Male

- Female

(b) Private Oral Surgery

The number and distribution of these patients were fewer than (a) above but were classified similarly (Table 6.1). The consulting oral surgeon was known by general medical and dental practitioners to specialize in chronic pain patients and consequently had a disproportionate number of referrals of this kind. This became particularly obvious when analysis of results was carried out [Section 4(1)].

(c) Private General Dental

There were eight females who were all below the age of 40.

(iv) Duration of Study

The duration of this study was throughout 1984. All patients who presented during that year to either Drs. Goss or Gerke and who met the stipulated criteria were included in the study.

(v) Refusals

(a) Oral and Maxillofacial Surgery Unit

Approximately 50 patients were not included in the study because they could either not read or write or comprehend English. These patients were mainly of middle European descent. About 13 were not considered due to psychiatric illnesses or previous surgical involvement. About 20 patients did not return their questionnaires (Form A, Appendix I).

(b) Private Oral Surgery

Fifteen patients were not considered as suitable because of psychiatric illness or previous surgery. Eight patients did not wish to be involved or did not return their questionnaires.

(c) Private General Dental

No patients were excluded in this group.

TABLE 6.1

The number of patients seen in the Oral and Maxillofacial Surgery Unit, in Private Oral Surgery Practice and in General Dental Practice. The categories are shown in which the patients were placed according to sex, diagnosis and age.

(a) ORAL AND MAXILLOFACIAL SURGERY UNIT

	NUMBER
Sex	
(1) Males	23
(2) Females	105
Total Number	128
Diagnosis Category Males	
(1) TMJ Dysfunction	7
(2) TMJ Dysfunction with other musculo-sceletal (m.sk.) problems	-
(3) Atypical Facial Pain (AFP)	1
(4) Dental Pain (controls)	15
Total Number	23
Diagnosis Category Females	
(1) TMJ Dysfunction	47
(2) TMJ Dysfunction with other m.sk. problems	14
(3) Atypical Facial Pain (AFP)	10
(4) Dental Pain (controls)	34
Total Number	105

Table 6.1 (continued)

(b) PRIVATE ORAL SURGERY

		NUMBER
Sex		
(1) Males		5
(2) Females		35
	Total Number	40
Diagnosis Category Males		
(1) TMJ Dysfunction		2
(2) TMJ Dysfunction with otherm.sk. problems		-
(3) Atypical Facial Pain (AFP)		3
(4) Dental Pain (controls		-
	Total Number	5
Diagnosis Category Females		
(1) TMJ Dysfunction		22
(2) TMJ Dysfunction with other m.sk. problems		3
(3) Atypical Facial Pain (AFP)		6
(4) Dental Pain (controls)		4
	Total Number	35

(c) PRIVATE GENERAL DENTAL

All patients were:

Female, below 40 years of age and suffered TMJ Dysfunction

	Total Number	8

2. Experimental, Protocol, Diagnosis And Treatment

(i) Examination

Patients were examined by either Dr.Goss in his private rooms, Dr. Gerke in his private rooms, or by both in the case of patients in the Oral and Maxillo facial Surgery Unit. Patients were routinely examined and scored along the lines of a modified Helkimo's index (Form B, Appendix 1). After examination, patients were generally counselled for about 5 - 10 minutes and their problems explained in general terms. They were then asked to fill in the questionnaire (Form A, Appendix 1). It was explained that the questionnaire would benefit them by helping formulate a treatment plan and also that it would be useful for research purposes. Private patients filled in these forms at home whereas the Oral Surgery Unit patients generally filled the forms in a room set aside, in the hospital.

(ii) Diagnosis

Diagnosis was made after careful examination and questioning. Private patients were diagnosed by the respective clinicans, however hospital patients were generally diagnosed jointly - with the consultant surgeon making the final diagnosis in a disputed case. All TMJ Dysfunction patients had either clicking or pain of the TMJ, limitation of mandibular movement, masticatory muscle soreness or pain. As such, they all were classified as Ai II and either Di II or Di III by the modified Helkimo index (see later in Methods). The full details of all patients in the study are vast and for the sake of brevity have been placed in Appendix V. Relevant details will be reviewed in the Results.

(iii) Treatment

All TMJ Dysfunction patients were initially treated conservatively with exercises that followed the directions on Form C and D (Appendix I). If the symptoms had not markedly improved after 3 to 6 weeks then other treatment was generally instituted. A full breakdown of this can be seen in Table 6.2.

In the case of atypical pain, patients were referred either to the Pain Clinic at the Royal Adelaide Hospital; or to a pain specialist; or to the patient's own general medical practitioner. A letter was always sent to the appropriate person with a precis of diagnosis and in some cases a recommended treatment plan (generally commencement of tricyclic antidepressant medication).

(iv) Treatment outcome

All TMJ Dysfunction patients were sent a letter in February, 1985 asking whether they considered that their treatment had been successful or whether they had had a recurrence of their problems (Form E, Appendix I). The response to treatment was graded under the heading "Cured". This was not meant to imply whether or not the patient had been cured in the sense that "cured" means eradication of disease but rather as a convenient label to use for treatment outcome.

The categories were (both immediately after treatment and also in February 1985):

(1) cured =0. The signs and symptoms were either absent or improved (i.e. answers to Questions 504 to 506 (Form E) were either "completely better" or "better").

(2) cured =1. The symptoms had persisted without improvement or the symptoms were worse (ie at least one of the answers to questions 504 to 506 (Form E) was "the same" or "worse").

A total of 103 TMJ Dysfunction patients were sent a self addressed, stamped envelope with a letter accompanying the survey form (Form E). Seventy three replied and their answers are summarized in Table 6.3.

TABLE 6.2

Shows the breakdown of the types of treatment prescribed for TMJ Dysfunction patients.The "missing data" were mainly related to patients who failed to reply to the survey (Table 6.3).

Oral Surgery Department	NUMBER
Initial Treatment	
– muscle exercises (Form C, Appendix I)	71
– arthroscopy	0
– corticosteroids (Intra-articular)	2
– systemic medication	1
– not applicable	5
– missing data	24
	103
Second Treatment	
– retraining exercises (Form D, Appendix II)	3
– bite plane	7
– arthroscopy	1
– corticosteriods (Intra-articular)	0
– systemic medication	5
– surgery	2
– not applicable (None needed)	61
– missing data	24
	103
Third Treatment	
– bite plane	1
– corticosteroids (Intra-articular)	1
– systemic medication	1
– not applicable (None needed)	76
– missing data	24
	103

TABLE 6.3

Shows the outcome to treatment for 103 TMJ Dysfunction patients who were surveyed, on average, approximately 8 months after initial treatment.

Response to Question 2 (Form E, Appendix 1).

(a) "The Pain is:"

	NUMBER	PERCENT	CUMULATIVE PERCENT
Completely better	17	17	23
Better	21	20	52
Same	20	19	79
Worse	9	9	91
Not Applicable	6	6	100
Missing	30	29	-
	103	100	100

Valid Cases = 73

(b) "The Jaw Clicking is:"

	NUMBER	PERCENT	CUMULATIVE PERCENT
Completely Better	13	12	16
Better	21	20	44
Same	17	17	67
Worse	7	7	78
Not Applicable	15	15	100
Missing	30	29	-
	103	100	100

Valid Cases = 73

(c) "The Jaw Locking is:"

	NUMBER	PERCENT	CUMULATIVE PERCENT
Completely Better	15	15	21
Better	11	11	35
Same	18	17	62
Worse	3	3	65
Not Applicable	26	26	100
Missing	30	28	-
	103	100	100

Valid Cases = 73

3. Computer Analysis

All variables and patient data were transferred from Forms A, B and E into a data bank, using a Cyber Computing System. A lengthy programme was compiled by Dr. Gerke using The Statistical Package for Social Sciences (SPSS) (Nie et al, 1975). Statistical analysis was by both parametric and non-parametric tests (t-test, Chi-Square and Mann-Whitney U Tests - see Appendix IV).

4. Illness Behaviour Questionnaire (IBQ)

This was part of Form A (Appendix I). The I.B.Q. manual has been reproduced in Appendix II in order that a full explanation of its use, and development, as well as the primary and secondary factors are given. The primary factors that were formulated were: General Hypochondriasis, Disease Conviction, Psychological V's Somatic Focusing, Affective Inhibition, Affective Disturbance, Denial, Irritability. The secondary factors were Affective State and Disease Affirmation. As well, a Discriminant Function and the Whiteley Index were calculated.

5. Stressful Life Events

Stressful life events were recorded in Form A (Appendix I). It follows a slightly modified form as reported by Holmes and Rahe (1967). Reported events were scored along the lines listed in Appendix IV. It was ascertained from Questions 52 and 442 as to when any facial pain commenced and when it was severe enough to seek treatment. From these dates it was calculated what, and how many, life events had occurred in the three years preceding the commencement of severe symptoms that lead to help being sought. Life events that occurred after this time were disregarded. Events that occurred more than 3 years before the onset of symptoms were not scored. In Questions 400 to 411 (Appendix III), the values given to events were multiplied by the number of involved years (with a maximum of three years being possible).

In Questions 412 to 441, the values were multiplied by the individual number of events experienced up to a maximum of ten.

A modified version of the original life events as described by Holmes and Rahe (1967) was also created, and this was a Serious Life Events Score which looked at only life events that scored more than 20 points on the life events scale (Appendix IV). The particular questions are mentioned in Appendix III.

6. Spielberger State And Trait Anxiety Inventory and Zung Depression Scale

These tests were presented to the patient in Form A (Appendix I). Scoring was carried out in the prescribed manner. The appropriate values are shown in Appendix III.

7. Dental Status

The number of teeth present, the number of teeth missing, and the number of replaced teeth and/or artificial teeth present in the mouth were all recorded, as well as the number of contacting teeth.

8. Radiographs

(i) Procedures

Standard panoramic jaw tomographs (Siemens Orthopantomograph Unit, Palomex OY, Finland) were used in this study. Details of exposure were 60 – 80 kvp, 225 m.A sec, anode – film distance 46 cm, medium diaphragm. Kodak – OMAT S films (XS – 5), 15.2 cm x 30.5 cm in a PALOMEX metal curved cassette were used. Processing was carried out in a PAKO 14X Automatic processor using ILFORD chemistry. Both TMJ's had to be clearly seen in the O.P.G., or evaluation and scoring were not carried out. Some patients did not have O.P.G.'s in their case records due to them being misplaced by hospital personel. In all these cases, O.P.G.'s were not re-ordered and data were entered as missing.

(ii) Radiographic Analysis

Radiographic analysis was as described by Muir (1981). Dr. Goss was supervisor for Muir and the department and Xray machine were all the same. All radiographs were examined in a quiet room using the same fixed intensity illumination. The O.P.G. was masked except for a 5 x 5 cm. square which was just large enough to contain one TMJ area. Radiographs were examined in random order under "blind" conditions. At the start of each examination session, a three-minute "acclimatisation" period was carried out. Only one-hour duration was allowed for each session in order to minimize observer fatigue.

(iii) Recorded Changes

The radiographical changes in the condyle were those described by Muir (1981). They were:

Osteophyte – Local outgrowth of bone arising from a mineralised joint surface.

Erosion - Local area of rarefacation in the cortical plate of a joint surface.

Flattening - Loss of an even convexity or concavity of the joint outlines.

Sclerosis - Thickening of cortical bone on a joint surface.

Sub-cortical Cyst

- Rounded radiolucent area which may appear to be just below the cortical plate or deep in trabecular bone.

Only the condyle was evaluated, as definition of the articular fossa and the eminence were not consistent or satisfactory, thereby precluding reliable assessment.

(iv) Method of Scoring

The scoring was a modification of that described by Muir (1981). Standard radiographic reproductions [as used and described by Muir (1981)] which illustrated every radiographic feature were available at all times for comparison with the O.P.G.'s which were being evaluated. Each of the six radiographical changes were scored in both condyles (Form B, Appendix I) according to the following scales:

0 = no demonstrable change

1 = mild change

3 = severe change.

Where doubt existed concerning the score for a particular feature, the lesser score was assigned.

(v) Radiographic Index

A Radiographic Index was formulated along the following lines. Where there was no score recorded (ie: no radiographic change noted) then the Radiographic Index was zero. Where there was a score of 1 or 2 (ie: one or two mild changes) then the Radiographic Index was categorized as I. Where there was a score equal or greater than 3 (ie: either more than 2 mild changes or one or more severe changes) the Radiographic Index was II. The breakdown of the individual group scores can be seen in Appendix V.

(vi) Reliability of Scoring

The reproducibility of the scoring and recording methods employed was assessed by a double determination procedure. Twenty O.P.G.'s (ie: 40 condyles) were randomly selected by administration staff and re-examined one month after the initial examination had been done. The scores obtained on the two separate occasions were compared.

In the six categories used, the reliability of scoring radiographs was found to vary between 82.5% and 95% correlation to the initial scoring. The accuracy in the respective categories was as shown (percentage in parenthesis). Osteophytes (87.5%); Erosion (95%); Flattening (85%); Sclerosis (82.5%); concavity (92.5%); Cysts (87.5%). This closely related to Muir (1981) who recorded a percentage range in "retest" accuracy of between 89% to 100%.

The average error overall in this study was 11.7% in the reproduction of the initial score. This was felt to be within acceptable limits.

9. <u>Clinical Assessment</u>

(i) Examination

The clinical examination was similar to that described by Helkimo [1974 (a)]. This included assessment of:

- impaired range of movement (Question 66, Form B)
- pain on movement (Question 71, Form B)
- impaired function of TMJ (Question 83, Form B)
- TMJ pain (Question 91, Form B)
- muscle pain (Question 108, Form B)

The specific details can be seen on Form B (Appendix I).

(ii) Scoring of Symptoms

The scoring format is shown on Form B, Appendix I. Each of the five categories described above could score up to 5 points each. Thus a patient could score a minimum of 0 or a maximum of 25.

(iii) Clinical Index

The "Di" index [Helkimo, 1974(a)] was modified to include only 3 categories. There were:

Clinical Index = 0 (if there was no score) ie: no dysfunction.

Clinical Index = I (if the score was between 1 and 10) ie: moderate dysfunction.

Clinical Index = II (if there was a score of between 11 and 25) ie: severe dysfunction.

(iv) Other Indices

As well as a Clinical Index, two more indices were created. These were sub indices of the Clinical Index and were called

- Muscle Index
- TMJ Index.

The Muscle Index was created using the scores of impaired range of movement, pain on movement, and muscle pain (ie Questions 66,71,108).

Muscle scores could range between 0 and 15 and these were then indexed as follows:

The Muscle Index was categorized as zero when the muscle scores were 0.

The Muscle Index was I when the muscle scores were between 1 and 3.

The Muscle Index was II when the Muscle scores were equal to or more than 4.

The TMJ Index used scores from the symptoms recorded from impaired function of TMJ, and TMJ pain (ie Questions 83 and 91).

TMJ scores could range between 0 and 10.

A TMJ score of 0 lead to a TMJ Index = 0.

A TMJ score of 1 or 2 lead to a TMJ Index = I.

A TMJ score equal to or higher than 3 lead to a TMJ Index = II.

10. Self Perception Index (Anamnestic Index)

This index was described by Helkimo [1974 (a)] and was ascertained from Questions 31 to 45 on Form A (Appendix I). This was essentially to find out whether the patient perceived any trouble with their TMJ's or muscles and if so, how bad they thought it was.

If the patient answered No to Questions 31 to 45 (Form A) then they were classified as having an Anamnestic Index of zero.

If they answered Yes to any of Questions 31 to 34, but No to Questions 41 to 45, then they were classified as having an Anamnestic Index of I.

However, if they answered Yes to any of Questions 41 to 45, then they were classified as having an Anamnestic Index of II.

11. Sexual Problems

A Sexual Problems Index was created from the answers to Questions 225 (IBQ, Form A); Question 346 (Z Test, Form A); and Question 411 (Life Events, Form A). If the answer was either "Yes" to Question 225; or scored more than or was equal to 3 for Question 346; or gained a positive reply to Question 411, then the patient was given a code of 008 and was said to have Sexual Problems. If the answer was "No" to Question 225; and was less than 2 for Question 346; and scored zero with Question 411, then the patient was seen to have no Sexual Problems and was coded 007 (See Appendix V).

12. Teeth Indices

(i) The Number of Natural Teeth present was recorded and categorized as:

Teeth Index = 0; if no natural teeth were present;

Teeth Index = I; if between 1 and 19 natural teeth were present;

Teeth Index =II; if between 20 and 32 natural teeth were present.

(ii) The number of teeth and artificial prosthetic teeth was categorized as:

Total Teeth Index = 0; if no natural or prosthetic teeth were present;

Total Teeth Index = I; if 1 to 19 artificial or natural teeth were present;

Total Teeth Index = II; if 20 to 32 artificial or natural teeth were present.

(iii) The number of upper "occlusal units" (natural or artificial teeth) that contacted opposing lower "occlusal units" (natural or artificial teeth) was recorded and indexed as Contacts. Scores varied between 0 and 32.

13. Summary

There were many variables that were assessed, measured or scored in this study. Many of these variables were then categorized as indices which are noted below.

(i) Psychological factors measured were:

(a) Seven first order factors were created from the I.B.Q.

- General Hypochondriasis
- Disease Conviction
- Psychological Versus Somatic Focusing
- Affective Inhibition
- Affective Disturbance
- Denial
- Irritability.

Second order factors were also formulated;

- Disease Affirmation
- Affective State

As well, a Discriminant Function & Whiteley Index were created.

(b) Spielberger State and Trait Anxiety Inventory scores.

(c) Zung Depression scores.

(d) Life Events scores.

(ii) Indices that were formulated were:

(a) Anamnestic Index (equaled 0,I,II) - a self perception index.

(b) Clinical Index (equaled 0,I,II) - a clinical dysfunction index.

(c) Muscle Index (equaled 0,I,II) - a muscle symptoms index (from some of the symptoms of the Clinical Index).

(d) TMJ Index (equaled 0,I,II) - TMJ symptoms index (from some of the symptoms of the Clinical Index).

(e) Radiographic Index (equaled 0,I,II) - radiographic index of radiological symptoms.

(f) Teeth Index (equaled 0,I,II)- categorized the number of natural teeth.

(g) Total Teeth Index (equaled 0,I,II)- categorized the total number of natural and artificial teeth present in the mouth.

(h) Contacts - measured the number of occluding intra-oral tooth units.

C H A P T E R VII

R E S U L T S

1. Introduction

The results obtained from this study were voluminous and it was not practical to include them all in the present chapter. Thus, this chapter describes the more important findings of the project.

Appendix V describes in greater length and detail (in table form with SE, SD, etc.) many more of the results of this project. It also gives a detailed explanation of the headings and indices. Appendix IV describes the statistical tests carried out in this study and the reasons why they have been used. It is therefore recommended that the present chapter be read in conjunction with Appendix V which has been divided into corresponding Parts, Sections and Sub-sections in order that the context chapters may be maintained.

The results which are presented in this chapter are difficult to follow. In order to avoid confusion in this and the following chapter, summary pages have been included in Chapter VIII (pages 8.81; 8.83; 8.85; 8.87). It may therefore be helpful for the reader to refer to these from time to time.

2. Frequency distribution and mean data (See Appendix V, Part A)

The following results were considered the most important.

Section 1.

(1) All patients in the study. (Pages A.1.1 to A.1.27)

- Age — mean was 41 years
- Number of Natural Teeth — mean was 20 teeth
- Spielberger State Score — mean was 39
- Spielberger Trait Score — mean was 39
- Life Events Score — mean was 381

Section 2.

(1) Patients with only TMJ Dysfunction problems (Pages A.2.1 to A.2.22).

- Number of Natural Teeth — mean was 21 teeth
- Life Events Score — mean was 432

(2) Patients with TMJ Dysfunction and other musculo-skeletal (m.sk.) problems. (Pages A.2.23 to A.2.35)

- Contacts — mean was 22 teeth
- Natural Teeth — mean was 11
- Life Events Score — mean was 217

(3) Patients ith TMJ problems (combination of (1) and (2) above). (Pages A.2.36 to A.2.55)

- Age — mean was 40 years
- Number of Natural Teeth — mean was 20 teeth
- Spielberger State Score — mean was 39
- Spielberger Trait Score — mean was 40
- Life Events Score — mean was 396

(4) AFP Patients. (Pages A.2.56 to A.2.69)

–	Age	mean was 47 years
–	Number of Natural Teeth	mean was 16
–	Spielberger State Score	mean was 36
–	Spielberger Trait Score	mean was 37
–	Life Events Score	mean was 306

(5) Control (dental pain) patients. (Pages A.2.70 to A.2.87)

–	Number of Natural Teeth	mean was 22 teeth
–	Contacts	mean was 22
–	Spielberger State Score	mean was 39
–	Spielberger Trait Score	mean was 39
–	Life Events Score	mean was 345

With the above means evaluated, it was decided that the following values could be considered to be a reasonable "dividing point" for statistical analysis between certain groups. As such these were used in Appendix V, Part B (Sections 2, 4 & 5) to further evaluate the data and to compare various groups. Where this has been done, due reference has been made.

"Division levels".

–	Age	40 years
–	Number of Natural Teeth	20 teeth
–	Contacts	20 teeth
–	Spielberger State Score	40
–	Spielberger Trait Score	40
–	Life Events Score	350

It should be noted that, although the Number of Teeth and

Contacts varied within the groups, the Total Teeth Index varied little. It can be seen on page A.1.8. that of the 164 patients who had recorded data on the Total Teeth Index, there were none in cateogry 0, only 9 (5.5%) who had an Index of I and the rest had an Index of II. This meant that when these patients had teeth removed, in the vast majority of cases, artifical teeth replaced the lost teeth. Thereby a reasonable number of "occluding units" was generally maintained in functional occlusion.

Some interesting comparative data could be highlighted from the percentage frequencies calculated in Section 2.

These were:

(3) Patients with TMJ problems [combination of Sections (1) & (2)]

Disease Conviction	39% scored 3 or more
Psychological V's Somatic Focus	41% scored 0 or 1
Disease Affirmation	27% scored 7 or more
Discriminant Function	21% scored 70 or more
Whitely Index	7% scored 8 or more
Spielberger State Test	33% scored above 40
Spielberger Trait Test	37% scored above 40
Zung Depression Test	38% scored above 40 (20% above 46, 5% above 55)

(4) Atypical Facial Pain

Disease Conviction	50% scored 3 or more
Psychological V's Somatic Focus	55% scored 0 or 1
Disease Affirmation	50% scored 7 or more
Discriminant Function	40% scored 70 or more

Whitely Index	15% scored 8 or more
Spielberger State Test	25% scored above 40
Spielberger Trait Test	35% scored above 40
Zung Depression Test	47% scored above 40 (20% above 46)

(5) Dental Pain (controls)

Disease Conviction	7% scored 3 or more
Psychological V's Somatic Focus	19% scored 7 or more
Disease Affirmation	6% scored 7 or more
Discriminant Function	2% scored above 70
Whitely Index	4% scored 8 or more
Spielberger State Test	35% scored above 40
Spielberger Trait Test	40% scored above 40
Zung Depression Test	40% scored above 40 (20% above 46, 5% above 55)

3. Statistical analysis (See Appendix V, Part B).

Section 1. (Socio-economic)

(1) The comparison of (1) Public V's (2) Private TMJ Dysfunction Female Patients (Pages B.1.1 to B.1.17).

When the total number of female TMJ Dysfunction patients was divided into two groups of; private versus public patients, the following significant results were obtained:-

Private female patients were significantly younger (average 32 years) than their public counterparts (average 45 years).

The Number of Natural Teeth, Teeth Index and Contacts were significantly higher with the private group of patients.

The following Psychological Factors were found to be significantly different:-

Affective Disturbance (average 1.8 for private patients compared to 2.6 for public.)

Spielberger Anxiety State Score (private average 36 compared to 41 for public, but significant only with Mann-Whitney U test).

Zung Depression Score (private average of 34 compared to public average of 40).

There were no significant differences found between the groups with regard to their Clinical Indices or their Treatment Times, or their Cured rate. Neither was there a difference in their Life Events or any reported Sexual Problems. The Countries of origin were much the same.

It should be noted that the "t-Test" for the Anxiety State Score (page B.1.8) showed a probability level of p=0.08 (which was not considered significant). However, the Mann-Whitney U Test (a non-parametric rank test) showed a probability level of p=0.01 (page B.1.14) which was considered significant. The latter results were given more credence since the anxiety score was a subjective assessment and, although the rank test was the least powerful statistical test, it was the most applicable in this case. This general rule was applied throughout this thesis (see Appendix IV).

Section 2. (Comparison of TMJ Dysfunction Groups)

(1) Comparison of Female Public Patients who had either (1) TMJ Dysfunction or who were (2) Control Patients (with dental pain) (Page B.2.1. to B.2.17).

There was a significant difference between the groups with regard to their Clinical Indices and this was expected. However it should be noted that the control group did not have a Clinical Index of zero.

The average age for the TMJ Dysfunction group (44.8 yrs) was not significantly different compared to the controls (37.5 yrs). Pain Duration for the TMJ Dysfunction group was 12.1 months (this was high and in the realm of chronic pain). However, the standard deviation was 16.3 months and this decreased the emphasis that could be placed on the figure. The control group had significantly more natural teeth (23) than the TMJ group (16) but there was no significant difference between the number of contacting units in each group (both 16).

Of the Psychological Factors, the TMJ Dysfunction group had significantly higher Disease Conviction; Affective Disturbance; Disease Affirmation; Discriminant Function; Whiteley Index; Affective State (rank test only) and a significantly lower Psychological V's Somatic Focusing score.

The Depression, Anxiety and Life Events Scores were not significantly different. Neither were the reported Sexual Problems, Radiographic Index, Country, Total Teeth Index or Occupation.

(2) The comparison of the Total Number of Patients within the study who suffered from TMJ Dysfunction and who were either (1) more, or (2) less than 40 years of age (Pages B.2.18 to B.2.35).

Results obtained for this section were somewhat ambiguous since there were conflicting significance levels obtained from parametric and non-parametric tests for different indices. As mentioned before, generally more credence was given to the non-parametric tests, since in most cases they were the more applicable.

The younger group had significantly more Teeth (26 compared to 10), and Contacts (25 compared to 22). There was no significant difference in the Total Teeth Index. There was no significant difference between the groups with regard to their Clinical Indices (although the TMJ Index was higher for the younger group but significant only with the t-Test, not the Chi-Square Test).

The Pain Duration was much higher for the older group (17.5 mths compared to 10.5 mths) but this was not significant (probably due to the very high standard deviations for each group, see page B.2.19). Treatment Time was much the same (2 months for each group) and there were no significant differences between the Cured rates or the Initial Treatments.

There was a significant difference in Occupation and Country of origin. There were no significant differences between the groups for Sexual Problems, or the Radiographic Index.

The older group experienced significantly less Life Event problems but there were no significant differences between the groups for Serious Life Events. The older group was significantly more depressed (Mann-Whitney U Test) but there were no differences between Anxiety Trait or State scores. There were significant differences with the Discriminant Function and Disease Affirmation (older groups was higher for both). Psychological V's Somatic Focusing was significantly less for the older group.

There was a significant difference in Irritability but this was disregarded due to a question on age (Appendix I, No. 263). When allowance was made for this particular question there was no significant difference between the groups.

(3) The comparison of patients who were Less Than 40 Years of Age and who had either (1) TMJ Dysfunction, or (2) Dental Pain (controls) (Pages B.2.36 to B.2.53).

There were no significant differences in Age and the Teeth Indices. As was expected the Clinical Indices were significantly different.

Denial was significantly more for the TMJ Dysfunction group, as was the Discriminant Function.

There were no significant difference for Sexual Problems, Radiographic Index, Life Events, Anxiety or Depression, Country of origin or Occupation.

(4) The comparison of patients who were More Than 40 Years of Age and who had either (1) TMJ Dysfunction or (2) were controls (Pages B.2.54 to B.2.71).

The results obtained from this section were unexpected. Almost every index was found to be significantly different between the groups, although the average Ages were similar between the groups.

All Clinical Indices were significantly higher for the TMJ Dysfunction group. The control group had more Natural Teeth (16 compared to 10) but significantly less Contacts (17 compared to 22).

The groups did not have a significantly different Radiograph Index.

The TMJ Dysfunction group had significantly higher Serious Life Events and Life Events. The Anxiety State and Trait scores were also higher. The groups were not significantly different with regards to Depression.

The Whiteley Index; Discriminant Function; Disease Affirmation; Affective State; General Hypochondriasis; Disease Conviction; Affective Disturbance were all significantly higher for the TMJ Dysfunction group and Pyschological V's Somatic Focusing was significantly lower.

(5) Comparison of patients in the study (ie male and female, public and private) who had either (1) TMJ Dysfunction, or were (2) Controls (Pages B.2.72 to B.2.87).

There was a significant difference between the groups with all the Clinical Indices. The control group had significantly more Natural Teeth (3 more), but there were no significant differences with the number of Contacts, or with the Total Teeth Index.

Of the Psychological Indices; Disease Conviction and Affective Disturbance were significantly higher for the TMJ Dysfunction group, while the Pyschological V's Somatic Focusing was significantly less. The Whiteley

Index, Discriminant Function, Disease Affirmation and Affective State were also significantly higher for the TMJ Dysfunction group. These results were more closely allied to the results of the above 40 years of age group rather than the below 40 years group.

(6) Comparison of <u>TMJ Dysfunction</u> patients who had either (1) a <u>Radiographic Index of 0</u> or (2) an <u>Index of I or II</u> (Pages B.2.88 to B.2.96).

There was a significant difference between the groups in the Age of the patients (the group with a Radiographic Index of zero was 32.5 years compared to 50.1 years for the other group). The Clinical Index was not different between the groups, although Muscle Index and Anamnestic Index showed a significant difference. These latter results were disregarded since the Anamnestic Index was not significantly different with the non-parametric test, and the statistical test for Muscle Index was somewhat dubious due to the low numbers. Pain Duration was significantly less for the group with the lower Radiographic Index. There were no significant differences between the groups with the Teeth Indices or Cured rate (numbers very low). There was no difference between the groups with regard to their Psychological Factors.

(7) Comparison of TMJ Dysfunction Patients who either had a (1) Teeth Index of II (i.e. more than 20 natural teeth), or (2) an Index of I or 0 (i.e. less than 20 natural teeth) (Pages B.2.97 to B.2.113).

There was a very significant difference in Age between the groups (29.3 years to 61.2 years). There was also a significant difference in Contacts (although both groups had well above 20 contacting units).

There were no significant differences between the groups for the different Clinical Indices, the Cured rate, the Type of Treatment, Radiographic Index, Sexual Problems, Country of origin, or Pain Duration.

There was a significant difference between Occupation (Group 1 had more professional, clerical, unemployed and "other" categories than Group 2, which had more pensioners).

Of the Psychological Factors, Group 1 had a significantly higher Life Events score than Group 2. These events almost achieved statistical significance with the Serious Event category. There were no significant differences with Depression or Anxiety. There was a significant difference between the groups with the Discriminant Function (Group 2 higher), Affective Disturbance (Group 2 much higher), Denial (Group 2 higher) and Irritability. This latter factor was disregarded due to the age difference of the group.

(8) Comparison of Patients who had a Teeth Index of II and who suffered from either (1) TMJ Dysfunction, or (2) Dental Pain (Pages B.2.114 to B.2.117).

There was a significant difference in the Clinical Indices and this was expected. There were no significant difference in Age, the Number of Teeth, Contacts or Radiographic Index.

The Psychological Indices have not been shown since these results were similar to those mentioned in previous sections that compared differences between TMJ Dysfunction and control groups.

(9) Comparison of Patients who had a Teeth Index of I or 0 and who were either suffering from (1) TMJ Dysfunction, or (2) Dental Pain (Pages B.2.118 to B.2.122).

Although the number of controls in this section was low, the results will be briefly reviewed.

There were significant differences between the groups with the Clinical Indices (TMJ Dysfunction worse), and the Number of Natural Teeth (controls more).

There were no significant differences in Age, Total Teeth Index and Radiographic Index.

(10) Comparison of patients who suffered from TMJ Dysfunction and who had Tooth Contacts either (1) Greater than 20 or (2) Less than 20 (Pages B.2.123 to B.2.139).

Age was significantly different between the groups, with the group with less contacts being older (53 years compared with 38 years).

There were no significant differences between the groups for the Clinical Indices, Pain Duration, Treatment Time, Anxiety Scores, Depression, Sexual Problems, Radiographic Index, Cured Rate or Initial Treatment.

Of the Psychological Indices, Life Events (and Serious Events) were significantly different (older group had less), as well as the Discriminant Function and Denial (older group higher).

Section 3. (AFP Groups)

(1) A comparison of patients who had either (1) TMJ Dysfunction or (2) AFP (Pages B.3.1 to B.3.17).

There was no significant difference between the Age of the groups. Neither were there any significant differences in Pain Duration, any of the Teeth Indices, Treatment Time, Life Events, Depression, Anxiety (State or Trait), Sexual Problems, Country of Origin or Occupation.

There were significant differences in the Clinical Indices, with the TMJ Dysfunction group being higher, although the AFP group also showed signs of dysfunction. The results from the IBQ showed significant differences between the groups with Discriminant Function (AFP group over 10 units higher), Disease Affirmation, Disease Conviction (AFP group higher), Psychological V's Somatic Focusing (AFP group lower, t-test only). The other factors did not show any significant differences.

(2) Comparison of patients who were either categorised as having (1) AFP, or (2) Dental Pain (controls) (Pages B.3.18 to B.3.34).

There were significant differences in Anamnestic Index, Muscle Index, Contacts, Clinical Index, TMJ Index (all higher with AFP). There were no differences between the groups with Age, Sexual Problems or the Number of Teeth. There was a significant difference in Country of Origin with the control group having more "other" categories.

There were no significant differences between the groups with regard to Life Events, Depression or Anxiety.

The IBQ results found that in the Whiteley Index, Discriminant Function, Disease Affirmation, Disease Conviction, Psychological V's Somatic Focusing and Affective Disturbance were all significantly different between the groups (all higher in the AFP group except Psychological V's Somatic Focusing which was lower).

Section 4. (Types of Pain)

(1) Comparison of TMJ Dysfunction patients who suffered from either (1) Acute Pain (less than 6 months, n=42), or (2) Chronic Pain (more than 6 months, n=61) (Page B.4.1 to B.4.18).

There were no significant differences in Age, Clinical Indices or Teeth Indices. The pain duration was 2.9 months for the acute group compared to 24.7 months for the chronic group.

There was a significant difference in Time Elapsed from examination until the groups were surveyed (Form C, Appendix 1). There were also significant differences in Sexual Problems (acute more), Cured Rate (chronic less satisfactory), Life Events (acute more), and Serious Life Events (acute more).

There were no significant differences in the Psychological Indices.

(2) Comparison of patients who suffered from TMJ Dysfunction and who suffered from either (1) Mild Pain, or (2) Severe Pain (Pages B.4.19 to B.4.36).

There were significant differences between the groups for the Clinical Indices. They were all higher in the severe pain group. There were no other significant differences found.

(3) Comparison of TMJ Dysfunction patients who had either (1) a Cured Index of Zero or (2) an Index of I (Page B.4.37 to B.4.50).

There were no significant differences between the two groups in any of the indices analysed.

(4) The comparison of TMJ Dysfunction patients who were classified as having either (1) a Muscle Index of 0 or I, or (2) a Muscle Index of II (Pages B.4.51 to B.4.68).

There was a significant difference between the groups with the Clinical Index and TMJ Index (the group with the higher Muscle Index had higher scores for both).

There were no significant differences between the groups for the Anamnestic Index, Age, Pain Duration, Teeth Indices, Life Events, Depression, Anxiety, Radiographic Index, Sexual Problems or Cured Rate.

Of the Psychological Indices, the Discriminant Function, Disease Affirmation and Denial were significantly different (higher for the Muscle Index II group). The group with the highest Muscle Index also had a significantly lower Psychological V's Somatic Focusing score.

(5) Comparison of patients who suffered TMJ Dysfunction and who had either (1) a TMJ Index of 0 or I, or (2) a TMJ Index of II (Pages B.4.69 to B.4.86).

The results showed no significant differences between the groups with respect to Age, Anamnestic Index, Pain Duration, Teeth Indices, Sexual Problems, Radiographic Index, Contacts, Occupation or Cured Rate.

There were significant differences between the groups with the Clinical Index and Muscle Index as well as with their Whiteley Index, Affective State, General Hypochondriasis and Affective Disturbance but not with the other Pyschological Indices. In all cases of difference the group with a TMJ Index of II had the higher score.

(6) Comparison of patients who suffered from TMJ Dysfunction and who had either (1) a Muscle Index of II, or (2) a TMJ Index of II (Pages B.4.87 to B.4.103)

The numbers in this section were lower than preferable because the majority of cases with a Muscle Index of II or a TMJ Index of II were mutually exclusive. (ie. Statistical analysis could only be done on cases with either a Muscle Index of II OR a TMJ Index of II. Analysis could not be carried out on cases with a Muscle Index of II and a TMJ Index of II.) Never-the-less, interesting data were obtained.

There were no significant differences between the groups with Age, Anamnestic Index, Clinical Index, Contacts, Teeth Index, Pain Duration, Sexual Problems, Radiographic Index, Cured Rate, or Life Events. The TMJ Index II group had significantly more teeth.

Significant differences were found (Muscle group higher) with General Hypochondriasis, Disease Conviction, Affective Disturbance, Discriminant Function, Disease Affirmation, Affective State, Whiteley Index, and (Muscle group lower) Psychological V's Somatic Focusing.

Section 5.

(This section compared patients with different psychological profiles).

(1) Comparison of <u>TMJ Dysfunction</u> patients who had either (1) a <u>high number of Life Events</u> (ie. score above 350), or (2) a <u>low Life Events score</u> (below 350) (Pages B.5.1 to B.5.18).

There was a significant difference between the groups with their Age (the lower Life Events group was older).

There was also a signficant difference between the groups with the Number of Teeth (the older group had less), but there was not a significant difference with the number of Contacts.

There were no significant differences between the groups with regard to their Clinical Indices, Radiographic Index, Anamnestic Index, Cured Rate, Occupation, or Pain Duration.

The other results were a little confusing because some factors and variables showed significant differences with the t-Test but not with the non-parametric test (and vice versa). Only Anxiety State showed a significant difference with both tests.

With the t-Test, Anxiety Trait and Depression were shown as significantly different (high Life Events groups showed higher anxiety and depression).

With the Mann-Whitney U Test, Affective State was shown to be significantly higher in the high Life Events groups.

The Chi-Square test indicated the high Life Events group had significantly more Sexual Problems (50% of the group) compared to the low Life Events group (7.4% of this group).

(2) Comparison of Patients who had a High Life Events Score (above 350) and who either suffered from (1) TMJ Dysfunction, or (2) Dental Pain (Pages B.5.19 to B.5.34).

There were significant differences between the groups with the Anamnestic Index and Clinical Indices. There were no signficant differences in the Teeth Indices, Age or Radiographic Index.

No Psychological Indices were significantly different between the groups.

(3) Comparison of the Patients who had a Low Life Events History and who suffered from either (1) TMJ Dysfunction, or (2) Dental Pain (Pages B.5.35 to B.5.50).

There were significant differences in all the Clinical Indices and the Anamnestic Index (controls higher), but not with the Number of Teeth, Contacts, or Total Teeth Index.

There were no significant differences with the Radiographic Index, Sexual Problems, Country, and Occupation, or with Depression or Anxiety scores.

There were other significant differences between the groups, with the TMJ Dysfunction group being higher in the Discriminant Function, Whiteley Index (t-test only), Disease Affirmation, Affective State, Disease Conviction, and Affective Disturbance. The Dysfunction group was significantly lower in the Psychological V's Somatic Focusing.

(4) Comparison of Patients who had Dental Pain (ie controls) but who had either (1) Clinical Signs and Symptoms of TMJ Dysfunction, or (2) No Signs and Symptoms of Dysfunction (Pages B.5.51 to B.5.56).

There were no significant differences between the groups with Age, Teeth Indices, Radiographic Index, or the Psychological Factors. Naturally, the Clinical Indices were different.

(5) Comparison of patients in the study who had a high Spielberger Anxiety State Score (above 40) and who suffered either (1) TMJ Dysfunction or who were (2) Dental Controls (Pages B.5.67 to B.5.82).

There were significant differences with the Clinical Indices and the Anamnestic Index. There were significant differences with the Number of Natural Teeth, but not with the Contacts or the Radiographic Index.

There were no significant differences with the Life Events, Anxiety or Depression scores. However, the TMJ Dysfunction group had significantly higher Whiteley Index, Discriminant Function, Disease Affirmation, Affective State, General Hypochondriasis, Disease Conviction and Affective Disturbance.

(6) Comparison of Patients who had a Low Anxiety State Score (ie below 40) and who had suffered from either (1) TMJ Dysfunction or (2) Dental Pain (Pages B.5.83 to B.5.98).

There were significant differences between the groups with the Clinical Indices and the Anamnestic Index. Age and the Teeth Indices were approximately the same. The TMJ Dysfunction group was significantly more depressed than the controls, and there was a tendency (although not significant) for this group to report more Life Events which were of a serious nature and/or involving

Sexual Problems. The Radiographic Index was not significantly different between the groups.

The Discriminant Function and Disease Affirmation were significantly higher for the TMJ Dysfunction groups; while with the primary factors, the Disease Conviction and Affective Disturbance were significantly more than the controls. Psychological V's Somatic Focusing was lower for the TMJ Dysfunction group but only significant with the t-test.

(7) Comparison of TMJ Dysfunction Patients who had either (1) a Low Anxiety State Score (ie. below 40), or (2) a High Anxiety State Score (ie. above 40) (Pages B.5.99 to B.5.115).

There were no significant differences between the groups with Age, Anamnestic Index, Clinical Indices, Pain Duration, Teeth Indices, Life Events, Sexual Problems, or Cured Rate.

There were significant differences between the groups for General Hypochondriasis, Disease Conviction, Affective Disturbance, Denial, Irritability, Affective State, Disease Affirmation, Whiteley Index, Anxiety Trait and Depression (with the high anxiety group having higher scores).

(8) Comparison of TMJ Dysfunction Patients who had either (1) a Low Zung Depression Score (ie. below 40), or (2) a High Zung Depression Score (ie. above 40) (Pages B.5.116 to B.5.132).

No significant differences were found between the groups for Age, Anamnestic Index, Clinical Indices, Pain Duration, Teeth Indices, Treatment Times, Life Events, Sexual Problems, or Cured Rate.

The group with the higher depression was significantly higher with, General Hypochondriasis, Disease Conviction, Affective Inhibition, Affective Disturbance, Irritability, Affective State, Disease Affirmation, Whiteley Index, and Anxiety (State and Trait).

(9) Comparison of Patients who had a Low Depression Score (ie. below 40) and who suffered from either (1) TMJ Dysfunction, or (2) Dental Pain (Pages B.5.133 to B.5.144).

There was no significant difference with the Age, Teeth Indices, Anxiety (State or Trait), or Life Events.

Significant differences between the groups were found with the Anamnestic Index and the Clinical Indices (TMJ Dysfunction group was higher). The TMJ Dysfunction group was significantly higher with Disease Conviction, Affective Disturbance, Irritability, Affective State, Disease Affirmation and Discriminant Function. Psychological V's Somatic Focusing was significantly lower for the TMJ Dysfunction groups.

(10) Comparison of Patients who had a High Depression Score (ie. above 40) and who suffered from either (1) TMJ Dysfunction, or (2) Dental Pain (Pages B.5.150 to B.5.164).

The Anamnestic, Clinical, Muscle and TMJ Indices were higher for the TMJ Dysfunction group. However no significant difference could be found between the groups for Age, Teeth Indices or any of the Psychological Factors.

(11) Comparison of Control Patients who were either (1) Female (n=38), or (2) Male (n=15). (NB. The results did not warrant a special section in the Appendix V.)

There were no significant differences between the groups in any of the variables observed in this study.

(12) Comparison of TMJ Dysfunction Patients who were either (1) Female (n=94), or (2) Male (n=9). (NB. The results did not warrant a special section in the Appendix V.)

There were no significant differences between the groups in any of the variables observed in this study.

4. Discriminant Function Analysis

Statistical Analysis was carried out using the SPSS programme to establish a series of discriminating functions to distinguish between:

(1) The TMJ Dysfunction group of patients and the dental pain (control) group.

(2) The TMJ Dysfunction patients who had a satisfactory outcome to their treatment and those who had no change or a worsening of their symptoms.

A variety of variables were chosen to make up the discriminant functions.

(1) To differentiate between the TMJ Dysfunction and Control Groups the following variables were analysised:

a) Discriminant Function (as per IBQ, Appendix II).

The results analysed 156 cases (of 176) by stepwise variable selection. It was found that if [(0.07 x Discriminant Function) - 3.605] was calculated, then this resulted in patients being correctly classified in 63% of cases (56% of 103 cases being correctly classified as TMJ Dysfunction, and 75% of 53 controls being correctly classified).

b) The <u>seven primary factors</u> obtained from analysis of the answers to the IBQ (Appendix II).

Based on data from 156 cases, an analysis by stepwise variable selection produced the following discriminant function of; [-2.47 + (-0.20 x General Hypochondriasis) + (0.54 x Disease Conviction) + (0.33 x Affective Disturbance) + (Denial x 0.38)].

When this was used on the available data, 65% of the cases were correctly classified. This was in the form of 61% of 103 TMJ Dysfunction patients being correctly classified, and 74% of 53 dental patients being correctly classified as controls.

c) The <u>seven primary factors</u> from the IBQ and the <u>Anxiety State and Trait Scores</u>, the <u>Depression</u> scores and the <u>Life Events</u> Scores.

Again data from 156 cases were analysed by stepwise variable selection and produced the following discriminant function of; [-2.47 + (-0.20 x General Hypochondriasis) + (0.54 x Disease Conviction) + (0.33 x Affective Disturbance) + (Denial x 0.38)], which correctly classified 65% of the cases analysed (61% of 103 TMJ Dysfunction patients were correctly classified, and 74% of 53 dental pain patients were correctly classified as controls). These results were the same as b) above.

d) The <u>seven primary factors</u> from the IBQ, <u>Anxiety</u> State and Trait Scores, <u>Depression</u> Score, <u>Life Events</u>, <u>Age</u>, <u>TMJ Index</u>, <u>Muscle Index</u>, <u>Sexual Problems</u>, <u>Radiographic</u> Index, <u>Anamnestic</u> Index, <u>Clinical</u> Index, Number of <u>Teeth</u>, <u>Contacts</u>, <u>Total Teeth</u> Index.

The results analysed 156 cases by stepwise variable selection. A discriminant function of; [-3.36 + (0.01 x Age) + (-0.12 x General Hypochondriasis) + (0.16 x Disease Conviction) + (0.0007 x Radiographic Index) + (1.67 x Anamnestic Index) + (-0.002 x Clinical Index) + (0.0004 x Depression)] correctly classified 89% of the cases.

After using this function the group average scores were:

Group 1	(TMJ Dysfunction Group)	= 0.84
Group 2	(Controls)	= -1.63

The function correctly classified 98% of all TMJ Dysfunction patients (n=103), and 72% of 53 controls were correctly classified.

An interesting result was that discriminant function scores for control patients were clearly bimodal and this correlated to previous comments about some of the controls having symptoms of TMJ Dysfunction. This will be discussed later in Chapter VIII.

(2) To differentiate between TMJ Dysfunction patients who had improvement in symptoms compared to those who did not, the following variables were analysed:

e) Discriminant Function (as per IBQ, Appendix II).

The results analysed 73 cases by stepwise variable selection. It was found that if [(0.62 x Discriminant Function) - 3.35] was calculated then this resulted in the available data correctly analysing 51% of cases.

f) The seven primary factors obtained from analysis of the answers to the IBQ (Appendix II).

The results analysed 73 cases by stepwise variable selection. A discriminant function of [(0.69 x Psychological V's Somatic Focus) + (0.48 x Irritability) - 2.07] resulted.

When this was used on the available data, 62% of cases were correctly classified (55% of 38 successful cases being correctly identified, and 69% of 35 cases with unsatisfactory outcome to treatment being correctly predicted).

g) The seven primary factors from the IBQ and the Anxiety State and Trait Scores, the Depression scores and the Life Events Scores.

Again data from 73 cases were analysed by stepwise variable selection which produced the following discriminant function; (0.73 x Psychological V's Somatic Focusing) + (0.44 x Irritability) - (0.18 x Life Events) - 1.37] which correctly classified 70% of the cases analysed (68% of 38 successful cases being correctly predicted, and 71% of 35 unsatisfactory cases being correctly classified).

h) The seven primary factors from the IBQ, Anxiety State and Trait Scores, Depression Score, Life Events, Age, TMJ Index, Muscle Index, Sexual Problems, Radiographic Index, Anamnestic Index, Clinical Index, Number of Teeth, Contacts, Total Teeth Index.

The results analysed 73 cases by the stepwise variable selection. A discriminant function of; [(-0.02 x Age) + (0.39 x Disease Conviction) + (0.30 x Denial) - (0.23 x Irritability) + (0.37 x TMJ Index) + (0.77 x Anamnestic Index) - (0.002 x Anxiety State) + (0.001 x Anxiety Trait) + (0.002 x Life Events) - (1.92 x Sex) + 10.76] correctly classified 77% of the cases.

After using this formula the average group scores were:

Group 1	(Successful outcome to treatment)	-0.66
Group 2	(Unsatisfactory outcome to treatment)	0.72

The function correctly calculated 79% of all successful patients (n=38), and 74% of patients who did not obtain relief from symptoms (n=35).

CHAPTER VIII

DISCUSSION

1. Introduction

This discussion chapter will be divided into sections corresponding to Chapter VII and Appendix V. The purpose of this is to aid in clarity and to assist the reader by maintaining contex with the Results and Appendix chapters.

The results which are discussed may be difficult to follow. In order to avoid confusion in this chapter, summary pages have been included (8.81; 8.83; 8.85 and 8.87). It may therefore be helpful for the reader to refer to these from time to time during the course of this chapter.

The latter part of this chapter will have a discussion (Part 5.) in which general trends, associations, and points of interest will be discussed.

2. Frequency distribution and mean data

This section of the results described the frequency distribution and mean scores of the accumulated data. It has been mentioned previously that this was not intended to be a prominent part in the overall study and for the sake of brevity, it will not be discussed at length here.

From the data spread, certain "mid-points" or "dividing points" were decided (page 7.4) and these were used in later sections in order to facilitate further analysis of the data.

Some of the percentage frequencies from some of the groups were highlighted in the Results. These were mentioned for several reasons.

Pilowski and Spence (1983, Appendix II) suggested that patients who scored above or below certain "cut off points" in Disease Conviction, Psychological V's Somatic Focusing, Disease Affirmation, Whiteley Index, and Discriminant Function had a "high probability of manifesting abnormal illness behaviour in one form or another." With this in mind, the results obtained with the TMJ Dysfunction patients suggested that between 7% to 40% (average about 30%) of these patients may manifest abnormal illness behaviour. The results from the AFP group of patients indicated that between 15% to 55% (average about 45%) of patients elicited abnormal illness behaviour. This was compared to the results from the Dental Pain Control patients which suggested that only between 2% to 11% (average about 5%) may have abnormal illness behaviour.

The Spielberger Anxiety Inventory indicated that all the groups showed approximately the same anxiety (about 35% were above the "division" level of 40). The "State" scores were all lower (by about 5%) than the "Trait" scores.

The Zung Depression score showed between 38% to 47% of the patients were depressed, with 20% in each group showing more than mild depression. This result was interesting in the light of a recent publication by Tversky (1985) and the relevance of these results shall be discussed later in this chapter.

However, the crucial point was not what these figures were (since they were only points of interest), but rather whether these percentages were of any significance. The statistical analysis is discussed in the next part of this chapter.

3. Statistical Analysis

Section 1. (Socio-economic)

(1) Comparison of Female TMJ Dysfunction patients who were either private or public patients.

There was a significant difference with Age between female TMJ patients who were private patients (younger) compared to their public counterparts (older). This could be expected due to the greater number of "old age" pensioners frequenting the hospital. However, no significant differences were found with their Clinical Indices or Treatment Times. The Number of Teeth, Teeth Index, and Contacts were significantly higher for the private group. This was most likely related to the age difference between the groups [Mejersjo and Hollender (1984) found a correlation between Age and Number of Teeth] or, less likely, to their socio-economic status (which may have influenced the groups' philosophy or motivation regarding retention of their natural teeth).

It could be argued that since the "teeth indices" were different, but the "clinical indices" were not, then there was a strong case for the teeth (at least the number) having little to do with TMJ Dysfunction (especially with regard to severity of symptoms). This will be further examined later in the chapter.

Public patients were more Anxious in their State (not Trait) and more Depressed than the private patients. The likely explanation for these results was that the public hospital system and its surroundings were not as congenial in appearance as the private rooms. It is possible that public patients were more anxious and depressed because of the difference in age between the groups. However, this was assessed in Section 2(2) and did not show any significant difference for anxiety. There was a possibility also, that people suffering from depression may have been classified as medically unfit for work (ie. they may have been unemployed and on social security benefits). As such they may have sought their treatment in a public hospital as opposed to a private practice.

The finding that the public group had a significantly higher Affective Disturbance correlated to the findings of increased anxiety and depression in this group of patients, and confirmed that the Affective Disturbance scale was a reasonable measure of "anxiety and/or sadness" (Appendix II). However it cannot be overlooked that this finding (relating to Affective disturbance) may be due to the increased age of the public group, since it was found in Section 2 (2) that older TMJ patients had a significantly higher Affective Disturbance Score.

Section 2. (TMJ Dysfunction)

(1) Comparison of Female public patients who had either TMJ Dysfunction or Dental Pain.

This section specifically tried to eliminate a bias due to either sex or socio-economic status by looking at only female public patients. The results showed an expected difference in the Clinical Indices, but it is important to realize that 64% of the controls (Dental Pain patients) had many clinical signs and symptoms of dysfunction. As well, the controls reported Anamnestic symptoms 40% of the time (Pages B.2.11 and B.2.12). These results agreed with a recent publication of Lundeen et al [1985(b)] who reported that 32% of their controls showed clinical signs and symptoms of dysfunction, and 40% had an Anamnestic Index greater than 0.

There were no Anamnestic Index scores of I for either group (ie. scores were either 0 or II). Thus, as far as the patients were concerned it seemed that it was "all or nothing" with regard to how they felt about their symptoms. Alternatively, the Anamnestic Index questions may have been at fault (Questions 31 to 45, Form A, Appendix I). However this latter explanation seems unlikely because this index was not modified in any way from Helkimo's first reports in 1974 (a to e). Furthermore, the index has been confirmed as reliable (Helkimo, 1979).

It was found that patients had significantly less Natural Teeth in the TMJ Dysfunction group and this was in agreement with

Reider and Martinoff (1984). It could have been assumed quite reasonably from this result that the Number of Teeth [and the related occlusal problems associated with the loss of teeth (Posselt, 1973; Roberts, 1980)] were significantly implicated as either an associated factor with TMJ Dysfunction or, even more speculatively, as a causative factor. However, it has previously been noted and mentioned in this thesis that most patients in this study (in all categories) appeared to replace most of their "lost" teeth with artificial ones. This was again the case with these two groups, and the Contacts were the same (23 for both groups) and the Total Teeth Index was almost identical. The reality was therefore that the teeth were probably not associated in a causative way with TMJ Dysfunction.

Important negative findings were that there were no significant differences for the Radiographic Index or with Sexual Problems between the groups. The results regarding the Radiographic Index agreed with previous results obtained by Muir (1981), and Mejersjo & Hollender (1984). Unfortunately the control numbers with the Radiographic Index were low in this section, and this reduced the reliability of the result. However, another section with higher control numbers will further discuss this finding. There was a significant difference between the groups for the TMJ Index and none for the Radiographic Index. Thus it followed that there was no correlation between the TMJ Index and the Radiographic Index.

An important finding was that there were many Psychological Indices that showed significant differences between the groups.

Of the seven scales measured by the I.B.Q.; Disease Conviction, Pyschological V's Somatic Focusing, and Affective Disturbance showed significant differences along with the Whiteley Index. All of the second order factors [Discriminant Function, Disease Affirmation and Affective State (only with Mann-Whitney U Test)] showed significant differences. These significant differences were more than those reported by Speculand (1982) whose investigation was carried out in the U.K. However, he looked at a slightly different group of patients (public male and female patients) and so a direct comparison will be left for section 2(5). Depression, Anxiety and Life Events scores were not significantly different.

All these findings implied that it was the individual "illness behaviour" profile of the patients that was associated with TMJ Dysfunction. It may be that it was the patients' "abnormal illness behaviour" profiles that lead them to attend the clinician for treatment. This would be distinct from abnormal illness behaviour directly causing TMJ Dysfunction. Anxiety, Depression or Life Events did not appear to be particularly important.

(2) Comparison of TMJ Dysfunction patients who were either less than or greater than 40 years of age.

The results from this section showed that there were many differences between the older group of TMJ Dysfunction patients when compared to the younger group. The Clinical Indices were not significantly different (for non-parametric tests) although the TMJ Index was higher for the younger group with the t-test. This was a surprising result because of the known increase in the incidence of OA with an increase in age (Blackwood, 1963; Oberg et al, 1971; Weisengreen, 1975). Logically one could have expected a higher TMJ Index for the older group. However, incorporated with the TMJ Index were questions about joint clicking. It is probable that the younger group had a higher incidence of clicking. Unfortunately this statement is one of clinical opinion since it was unable to be separately determined from this study. This fault in methodology should be kept in mind for further projects and preferably corrected. If this was the case (that the younger group had more clicking) then this may have been the cause of a higher TMJ Index for the younger group.

The younger group had significantly more Teeth than the older group and also significantly more Contacts. However, the difference in Contacts was only 3 units (about 12%) and it is possible that this difference was not significant in clinical terms, since the Total Teeth Index was not significantly different ie. most patients in both groups had more than 20 occlusal units in function. Given that the Clinical Indices were much the same, but the Number of Teeth was very different, the conclusion was that there was no association between TMJ Dysfunction and the number of teeth. This may have been because, on average, the natural teeth were replaced with artificial teeth thus maintaining a reasonable compliment of functioning "units" for the patients to use. On the other hand and more probably, it indicated that the Number of Teeth had no influence or correlation to TMJ Dysfunction.

There was no significant difference between the Radiographic Index of the two groups. Thus previous findings that a decrease in teeth lead to OA of the TMJ may be questioned [Moffett et al, 1964; Agerberg et al, 1969; Oberg et al, 1971; Kopp, 1977(b)]. However, as Muir (1981) correctly pointed out, radiographic changes of the TMJ do not necessarily indicate OA and are more like remodelling changes. Because of this, more emphasis should be placed on autopsy rather than radiographic studies.

There were no significant differences between the Types of Treatment, Duration of Treatment, or the Cured rate. Thus, increased age did not seem to be a contra-indication for conservative therapy because it seemed that age did not have any influence on the outcome of treatment, even though the older group had pain of longer (but not significant) duration. Both groups had pain duration times that well exceeded six (6) months. This placed both groups (on average) into chronic pain categories. The types of Occupation were different between the groups and this was expecteed since the older group included more full time housewives and pensioners. There were more unemployed people in the younger group.

The younger group had significantly more Life Event problems, although it would seem that they were not of a serious nature since Serious Events were not significantly different between the two groups. This may indicate that the older age group had a greater ability to cope with events (due to experience) and thus did not perceive and/or report events. Alternatively (and more likely), the younger group probably had more minor events occuring that were associated with; occupation (or lack of it), marriage and divorce, leaving the parental home, etc. Another possibility could be that the older groups may have attributed many of their stresses to the effects of their illness. If this was the case, then this belief may account for the older group reporting less life event problems. However, if this was the reason for the older groups having a lower Life Events history then one would have expected a difference between the groups in the Denial rating of the I.B.Q. scores. This difference was not found.

It is noteworthy that neither of the two earlier sections recorded Life Events differences (ie. for public V's private TMJ Dysfunction patients and public female TMJ Dysfunction V's public female controls). Thus, Life Events seemed to be associated with age rather than socio-economic or TMJ Dysfunction problems. This particular finding varied from Speculand (1982) who reported that, although there was a difference in Life Events between TMJ Dysfunction groups of different ages, it was not significant.

The older patients in the present section were significantly more depressed (Zung Test) than the younger group, and this was confirmed with a significant difference in Affective Disturbance. Interestingly, this depression difference was despite the fact that the older group reported fewer Life Events, and that there were no differences between the groups with Anxiety scores. However, Speculand et al (1984) mentioned that Life Events in their older group of TMJ Dysfunction patients had a more negative impact than those on the younger group. This may be the reason why the older group showed more depression.

There was a very significant difference with the Discriminant Function (higher for the older group), and this finding indicated that the Discriminant Function could be related to the age of the TMJ Dysfunction groups. However, another possibility was that the function related to Life Events, and this was further investigated in Section 5 (i) where it was found that the Discriminant Function was not related to Life Events. Psychological V's Somatic Focusing was significantly lower for the older groups, and Disease Affirmation was significantly higher for the older group.

Overall it was concluded that the older group showed more abnormal illness behaviour compared with the younger group. This was partly shown by Pilowsky et al (1977), although the extent was not as great and the observed groups were very different. The more abnormal illness behaviour shown in the older TMJ Dysfunction group in this present study was not due to a higher Anxiety State or Trait.

Speculand et al (1983), using TMJ Dysfunction groups (above and below 40 years of age) did not find any difference between the groups with regard to illness behaviour.

It was interesting to note that the higher abnormal illness behaviour profile (of the older group) did not significantly prejudice the treatment outcome.

(3) Comparison of patients who were less than 40 years of age and who had either TMJ Dysfunction or were controls.

This comparison was carried out to minimize the effect of an age bias.

There was a significant difference between all the Clinical Indices of the two groups and this was expected. All indices related to the Teeth were similar between the two groups, and this similarity again suggested that the Teeth (number, contacts, etc.) had no aetiological role to play with TMJ Dysfunction.

There were no differences between the groups regarding the Radiographic Index, and this indicated that TMJ Dysfunction did not cause any perceivable radiographic problems of the TMJ (at least with younger patients). However, it is acknowledged that the patient numbers (ie. valid cases) were low with regard to the index and that the findings must be regarded with caution.

Of all the Psychological Factors measured, only Denial and Discriminant Function showed a significant difference between the groups (TMJ Dysfunction group was higher for both factors). This finding was in contrast to Speculand (1982), who found in his study a significant difference with Disease Conviction, Affective Disturbance and Irritability. He also found that Denial was significantly lower, whereas the present study found it higher, for the TMJ Dysfunction group. Furthermore, Speculand (1982) did not mention a difference between his groups for Discriminant Function, while the present study found the TMJ Dysfunction group to have a significantly higher Discriminant Function score. These findings indicated that young Australian TMJ Dysfunction patients may have had a higher tendency to deny life stresses compared to their English counterparts. Both TMJ Dysfunction groups (Australian and British) showed signs of abnormal illness behaviour, however the Australian group showed a lesser tendency.

The present section showed no significant difference in Life Events or Serious Life Events between the TMJ Dysfunction group and the controls, whereas Speculand (1982) showed the TMJ Dysfunction group to have suffered more. The results of the two respective studies were therefore diverse. However, if one realizes that the results for the public female groups (in the present study), more closely matched the results of Speculand (1982), then it may be that there was some difference due to either a bias in the number of patients of different sex (which is unlikely since the ratios were approximately the same in each study) or perhaps because the present study incorporated private patients as well as public patients (Speculand used only public patients).

An alternative explanation could be that there was a cultural difference between the younger Australian and English patients (either TMJ Dysfunction patients and/or the controls). Neither can be overlooked that there was a difference in the methods of obtaining the Life Events history between Speculand and the present study. Speculand (1982) used patient interviews to obtain a history. This may have been more accurate, but there may have also been an examiner bias introduced.

The exact meaning of these results were further investigated in this chapter and reference has been made of this later on.

(4) Comparison of patients who were more than 40 years of age and who had either TMJ Dysfunction or Dental Pain (controls).

The number of control patients was relatively low for this section (n=18) and this may have influenced the results.

The Clinical Indices were all significantly higher for the TMJ Dysfunction Group and this was expected. The control group had significantly more Natural Teeth than the TMJ Dysfunction group but had significantly less Contacts. This again strongly indicated that there was no correlation between the Teeth Indices and TMJ Dysfunction. The Radiographic Index was not different between the groups (although the numbers were low), and this finding was similar to that in the previous section (groups younger than 40).

Life Events and Anxiety scores were significantly higher for the TMJ Dysfunction group and this result was similar to Speculand (1982), who found that TMJ Dysfunction patients above the age of 40 years reported twice as many Life Events as controls. The present study showed roughly the same trend with the TMJ Dysfunction group scoring an average of 322 for Life Events compared to 147 for the controls.

Speculand (1982) found only Affective Disturbance and Disease Conviction to be significantly higher (Mann-Whitney U Test only) for the TMJ Dysfunction group above 40 years of age. The present study found significantly higher scores (group above 40 years) for the Whiteley Index, Discriminant Function, Disease Affirmation, Affective State, General Hypochondriasis, Disease Conviction, and Affective Disturbance. Psychological V's Somatic Focusing was significantly less. This outstanding array of differences between the two groups was not expected. The strong conclusion was therefore that the older TMJ Dysfunction group in this study showed an abnormal illness behaviour response, which was involved with either the aetiology of dysfunction, or the seeking of treatment.

There is an important distinction between the latter two points because although 98% of the TMJ Dysfunction patients had clinical signs and symptoms of dysfunction , 72% of the controls also had them (although to a lesser degree). However, while all of the Dysfunction patients had an Anamnestic Index of II, only one patient (8%) had such a rating in the controls. Thus, abnormal illness behaviour may be significant, not in the aetiology of dysfunction, but in the seeking of help for it. This shall be discussed further in the later parts of this chapter.

The findings discussed so far have indicated that, on average, younger TMJ Dysfunction patients had more Life Events problems than the older TMJ Dysfunction patients. However, these particular events were not significantly higher than occured with the younger controls. The older TMJ Dysfunction patients had less Life Events problems than the younger TMJ Dysfunction group, but these events were significantly more than the respective older controls.

The Psychological Indices showed a slight tendency for younger TMJ Dysfunction patients to have an average illness behaviour profile higher than their controls. However, this abnormal illness behaviour was much less than the older TMJ Dysfunction group, which showed an extraordinarily high abnormal illness behaviour compared to the older controls.

The conclusions were that in the older TMJ Dysfunction group, the higher Life Events in conjunction with an abnormal illness behaviour seemed to be both closely linked to TMJ Dysfunction or to the seeking of treatment. Although Life Events were associated with the younger TMJ Dysfunction group, it was not this factor which seemed to cause dysfunction since the controls were similar with their Life Events history.

A causative factor for dysfunction may have been abnormal illness behaviour rather than Life Events and this distinction was more fully investigated in Section 5 (1) to (3). The general suggestions from those results were that it was Anxiety (associated with high Life Events) rather than an abnormal illness behaviour that was more closely linked to TMJ Dysfunction. This was not particularly obvious in the present Sections 2(2) to (4).

(5) Comparison of patients in the study who had either TMJ Dysfunction or were controls [ie. all TMJ Dysfunction patients (n=103) V's all controls (n=53)].

These results indicated a significant difference between the groups regarding the Clinical Indices. Their Ages were roughly the same. Although the number of Natural Teeth was significantly different (controls had 3 more), the Total Teeth Index and the Contacts were not different, which indicated no relationship of the teeth to TMJ Dysfunction.

A number of Psychological Factors were significantly different. The TMJ Dysfunction group had higher Disease Conviction, Affective Disturbance, Whiteley Index, Discriminant Function, Disease Affirmation, and Affective State; and a lower Psychological V's Somatic Focusing. The results of this particular section may have been biased because of the relatively low number of "over 40 controls" (n=18) compared to the "under 40 controls" (n=35). Never-the-less, the results partly agreed with those of Speculand (1982) who found that TMJ Dysfunction patients as a whole (ie. younger and older groups combined) had higher Disease Conviction, and Affective Disturbance, and a lower Denial score. He did not compare the secondary factors, Discriminant Function or the Whiteley Index.

The results of this present section (as previously discussed in earlier sections) strongly implied that many of the Psychological Factors (measured by the I.B.Q.) were associated with TMJ

Dysfunction and/or the seeking of treatment for it. Other variables such as Sexual Problems, Anxiety, Radiographic Index and Depression were not found to be associated with TMJ Dysfunction.

(6) Comparison of TMJ Dysfunction patients who had either a Radiographic Index of zero, or an Index of I or II.

The group with a Radiographic Index of either I or II was significantly older, and this finding was expected since it has been shown that the incidence of remodelling and OA of the TMJ increases with age (Blackwood, 1963; Oberg et al, 1971; Weisengreen, 1975). It therefore seemed reasonable that the reverse would be true, and that the Radiographic Index would reasonably correlate to the amount of change in the joint (ie. remodelling and OA).

There were no meaningful differences between the groups regarding the Clinical Indices, and the inference drawn from these results was that the Radiographic Index (and therefore remodelling and/or OA of the TMJ) had little or no bearing on the severity of TMJ Dysfunction symptoms. This shall be referred to again in Section 4(2).

The Pain Duration was significantly longer for the group who had the higher Radiographic Index. This could have been due to the age difference rather than the difference in Radiographic Index [see Section 2 (2)]. However, the results from Section 2 (2) showed only a difference (not a significant difference) in Pain Duration between the older and younger TMJ Dysfunction groups. Thus, the longer Pain Duration may well have been associated with a higher Radiographic Index and not with age or, of course, they may be inter-related.

There were no differences in the Teeth Indices, and the conclusion was therefore that no correlation existed between the Radiographic Index and the Number of Teeth, or the Total Teeth Index. This result was more meaningful since the Teeth Indices were expected to be lower for the Group with the higher Radiographic Index because these patients were older [see Section 2(a) and (3)] . As previously discussed in Section 2(2), these results agreed more with Toller (1973); Ericson and Lundberg (1968) and Muir (1981) than with Moffett et al (1964); Agerberg et al (1969) and Oberg et al (1971) who had previously reported an apparent correlation between OA of the TMJ and tooth loss.

There were no significant differences between the groups for any of the Psychological Factors. When these particular findings were considered in conjunction with the results of Section 1 (1) and Section 2 (2), there was no doubt that there was no correlation between the Radiographic Index and Psychological Factors. It had been postulated that OA of the TMJ was associated with TMJ Dysfunction (Toller, 1973; Kreutziger and Mahan, 1975) and this present project has shown a close association between TMJ Dysfunction and Psychological Factors. With these things in mind, a reasonable hypothesis could have been that there was an "overlapping" correlation between Pyschological Factors and OA of the TMJ. In fact, Kreutziger and Mahan (1975) stated that female patients with OA of the TMJ "show a common and distinctive personality pattern". However, the results from the present project would dispute this.

(7) Comparison of TMJ Dysfunction Patients who had either a Teeth Index of II or a Teeth Index of I or 0.

There was a significant difference in Age between the groups (the group that was older had less teeth). This was expected and corresponded to previous results [Section 2(2)]. Contacts were also significantly different. However, both groups had Contacts well above 20. There were no significant differences between the groups for the Clinical Indices. This was further supporting evidence that there was no correlation between the Number of Teeth (or Contacts) and TMJ Dysfunction. Neither was it apparent that the Number of Teeth had any influence on Pain Duration, Radiographic Index, or the Cured rate.

The group with more teeth had significantly more Life Events. However, this was likely to be age related [see Section 2 (2)]. The second group (less teeth and older) had a higher Discriminant Function, Affective Disturbance and Denial scores. This result indicated that the second group were, on average, more orientated to an abnormal illness behaviour profile, and that they experienced more sadness and tended to deny life's problems. The results regarding Psychological Factors were probably due to the coincident age difference of the groups, rather than anything to do with the teeth [see Section 2 (2)] although it was interesting to note that Denial was significantly different and this was not so in the previous Sections.

(8) Comparison of Patients who had a Teeth Index of II and suffered from either TMJ Dysfunction, or Dental Pain.

This section was not included to show any particular differences in the Psychological Indices between the groups, because these were similar to those discussed in previous sections where TMJ Dysfunction and control groups were compared. What was shown was that when the Teeth Indices were the same there was a significant difference between the groups for the various Clinical Indices (n=66 for the TMJ Dysfunction group and n=35 for the control group). Clearly then, the Number of Teeth and the resultant changes to the occlusion after the loss of teeth (Posselt, 1973; Roberts, 1980) could not be especially associated with TMJ Dysfunction.

However, while mentioning the control group, it is relevant to point out that over half of them had a Clinical Index greater than zero and that the number of controls with an Anamnestic Index of more than zero was 40%. This point was mentioned earlier in Section 2(1) and (4) and indicated that the control patients had a number of signs and symptoms of dysfunction. Recent reports from Lundeen et al (1985) and Levitt et al (1985) have confirmed this observation.

The distinction between these two groups was that the control patients did not seek treatment for their signs and symptoms of dysfunction. This distinction again leads to the hypothesis that it was the patients' illness behaviour profile that was important with regard to either TMJ Dysfunction and/or seeking treatment rather than the actual symptoms. The relation to the success or failure of treatment will be discussed later.

(9) Comparison of all patients who had a Teeth Index of I or 0 and who suffered from either TMJ Dysfunction, or were controls.

The results of this section were essentially the same as for those obtained in Section 2 (8). Psychological Factors have not been mentioned because they showed the same differences between TMJ Dysfunction and control patients as have been mentioned before in previous sections. Psychological factors were not obviously associated with the teeth.

There were no significant differences between the groups with respect to the Radiographic Index (numbers were low) or Age. The Clinical Indices showed significant differences, which indicated [as in Section 2 (8)] that there was a difference in clinical symptoms between the TMJ Dysfunction and the control patients, irrespective of whether or not they had approximately the same number of Teeth.

It should be noted that the TMJ Dysfunction group had significantly less natural teeth (5 compared to 12 for the controls), but that this particular group had more Contacts (21 compared to 14) than the controls (this latter difference was not quite significant).

(10) Comparison of patients who suffered from TMJ Dysfunction and who had Tooth Contacts greater than 20, or less than 20.

The group with more Contacts was significantly younger. There were no significant differences between the groups with regard to Clinical Indices, Pain Duration, Treatment Times, Radiographic Index, Initial Treatment, or Cured rate. Therefore the indication was that the number of Contacts had nothing to do with these indices. As well, similar findings with regard to Anxiety, Depression and Sexual Problems drew the same conclusion.

Most of the Psychological Indices also showed no correlation to the number of Contacts. The older group had less Life Events (including Serious Events). The younger group had a significantly lower Discriminant Function, and Denial. However, the results from Section 2 (2) showed that, with TMJ Dysfunction patients, the younger group had more Contacts. Thus, the results in this present section regarding the Discriminant Function and Life Events, were probably a reflection of the Age of the groups which was coincident to (not dependent on) the number of Contacts. Probably this coincidence was the same for Denial which nearly showed a significant difference in Section 2 (2).

Section 3. (Atypical Facial Pain)

(1) Comparison of patients who had either TMJ Dysfunction or AFP.

There was no significant difference between the Age of the groups. Neither were there significant differences in Pain Duration, or the Teeth Indices, Treatment Time, Life Events, Depression, Anxiety (State or Trait), Sexual Problems, Country of Origin or Occupation.

There were significant differences in the Clinical Indices, although the AFP group did show definite signs of dysfunction. The results from the IBQ showed significant differences between the groups, with the Discriminant Function (AFP group over 10 units higher), Disease Affirmation, Disease Conviction (AFP group higher), and Psychological V's Somatic Focusing (t-test only, AFP group lower). The other factors did not show any significant differences.

These results indicated that the clinical symptoms of TMJ Dysfunction should often distinguish TMJ Dysfunction patients from AFP patients. Furthermore, the IBQ should also help in AFP patient identification, since AFP patients typically had a higher Disease Conviction (although not necessarily a lot higher than TMJ Dysfunction patients), and a slightly lower Psychological V's Somatic Focusing score. However, by far the most distinguishable features between the two groups were the second order and weighted factors (see Appendix II). The Discriminant Function was dramatically higher for the AFP group which indicated that this group had a higher abnormal illness behaviour profile, and a preoccupation with "illness" and illness symptoms.

It was interesting to note that the average score for Discriminant Function was about 65, which was 5 lower than the cut-off point for the "pain clinic" type patient described in Appendix II. Furthermore, the TMJ Dysfunction group with a Muscle Index of II [Section 4(6)] had a Discriminant Function score that was 3 higher. That particular muscle group therefore displayed more signs of abnormal illness behaviour than the AFP group. AFP patients also had a higher Disease Affirmation which was not unexpected since both the two primary order factors that showed a significant difference between the groups (ie. Disease Conviction and Psychological V's Somatic Focusing) made up the second order factor of Disease Affirmation. All these results therefore confirmed that AFP patients were "disease orientated".

Speculand et al (1981, 1983) have previously investigated Intractable Facial Pain (IFP), and discussed its relationship to TMJ Dysfunction. However, they did not directly compare TMJ Dysfunction and IFP groups although they made an indirect comparison in 1985. They also used the Discriminant Function as an index to predict which patients in the TMJ Dysfunction group may have a satisfactory outcome to treatment and those who may not. This analysis proved to be reasonably useful, and similar statistical analyses have been reported later in this chapter.

Recently, Goss et al (1985) used a mixture of their previous data to compare the IBQ scores of 23 IFP patients (Royal Adelaide

Hospital Pain Clinic), to 100 TMJ Dysfunction patients (responsive English patients). This comparison showed that Factors "2 and 3" (ie. Disease Conviction & Psychological V's Somatic Focusing) were significantly different. This finding was similar to the results obtained in the present study, and it can therefore be concluded that there was a great deal of similarity between AFP and IFP patients. Goss et al (1985) did not compare second order factors.

(2) Comparison of patients who were either AFP or Dental Pain patients.

There were significant differences between the groups with Anamnestic Index and the Clinical Indices. The t-test did not show any significant differences between the groups for TMJ Index or Clinical Index, although the Chi-Square test was significant.

As was expected from previous reports (Speculand et al, 1981; 1983, 1985; Goss et al, 1985), there were a number of significant differences found between the groups with regard to the IBQ results. The Whiteley Index, Discriminant Function, Disease Affirmation, Disease Conviction and Affective Disturbance were significantly higher for the AFP group, while Psychological V's Somatic Focusing was significantly lower. Speculand et al (1981) found similar results from IBQ scores when he investigated the primary factors of IFP patients.

It should be made clear that Speculand et al (1981) looked at IFP patients whereas the present study looked at AFP patients. These two groups overlap as AFP patients are a particular sub-group of IFP.

Speculand et al (1981) did not obtain a significant difference for Affective Disturbance. They found differences with Disease Conviction and Psychological V's Somatic Focusing but, they had less controls which made statistical analyses more difficult. They did not give results for the second order factors, so no comparison with the present study could be made. Interestingly, here most of the second order factors showed significant differences between the groups [similar to the results in Section 3(1)] which indicated that the second order and weighted factors would be particularly useful in determining whether a patient had AFP or not.

Section 4. (TMJ Dysfunction)

(1) Comparison of TMJ Dysfunction patients who had either acute or chronic pain.

Chronic pain was defined as pain that had been present for more than 6 months (Questions 51 and 52, Form A, Appendix I). Acute pain was pain that had been present for less than 6 months. The results showed that neither Age, the Teeth Indices or the Clinical Indices had any association with the chronicity of pain from TMJ Dysfunction. Furthermore there were no significant differences between the groups with regards to Psychological Factors. This was an interesting finding and indicated that chronicity was not related to most of the Psychological Factors (eg. anxiety, depression or illness behaviour). Chronicity did not appear to be related to the Radiographic Index.

These results were unexpected since it was thought that chronicity may have been associated with depression, severity of symptoms, or remodelling or OA of the TMJ (and hence to the Radiographic Index). This was not found to be the case.

The significant findings were, that the acute TMJ Dysfunction group reported more Life Events than did the chronic groups, and these appeared to be of a serious nature. The acute group reported to have more Sexual Problems and this was probably related (either directly or indirectly) to the reported Life Events. There did not appear to be an obvious correlation of Life Events to either a higher depression score or a higher anxiety state in the acute group. However, this was discussed further in Section 5.

It was found that the chronic TMJ Dysfunction group had a larger Time Elapsed between examination and the time of being surveyed (Form E, Appendix I). This was probably coincidental and certainly there was no deliberate attempt by the author to achieve this result. Of more significance was the Cured rate, with 70% of the acute group feeling better after an average of 7.2 months, compared to 41% of the chronic group feeling better after an average of 8.5 months. This result strongly indicated that chronicity adversely affected the prognosis for treatment. This supported the findings of Lipton and Marbach (1984) who found a significantly greater success rate to treatment in patients who had pain for less than 6 months.

The overall speculative conclusion was that the acute TMJ Dysfunction patients probably suffered some Life Events crisis which lead to an acute exacerbation of symptoms. These signs and symptoms of dysfunction were not themselves obviously different from the chronic group, however the acute symptoms seemed to quickly subside and a good recovery eventuated after some number of months. This recovery was not obviously related to the particular type of treatment.

(2) Comparison of TMJ Dysfunction patients who suffered from either mild pain or severe pain.

The only significant differences found between these groups were with the Clinical Index and its sub-indices of Muscle Index and TMJ Index. These were all higher for the severe pain cases. The category of severity of pain was a subjective assessment by the examining clinician (Questions 163 and 164 in Form B, Appendix I). He was influenced by the description of the severity of pain by the patient, the reaction of the patient to palpation of the involved areas and also by the extent of the dysfunction. Thus it was not surprising that the Clinical Indices were significantly different.

However, it was found that the Anamnestic Index was not significantly different between the groups. Thus, it appeared that the patients' perception of their problems was not directly related to the severity of the pain. It seemed that the patients rated their problems as an "all or none" situation and this has been mentioned previously [Section 2(1)]. There were no significant differences between the groups for Age, Pain Duration, Treatment Time, or any of the Teeth Indices. As such, chronicity of pain, age and the teeth appeared not to be associated with the severity of clinical symptoms. This was also the same for Sexual Problems, Radiographic Index, Country of Origin, and Occupation (none of which showed any significant differences between the groups). More importantly, there were no significant differences found for the Cured rate, or any of the Psychological factors.

Thus the overall conclusion was that the severity of pain was related to the Clinical Indices but it was not related to any particular psychological profile of the patients or to their Radiographic Index, Teeth Indices or Age. The severity of pain did not appear to influence the prognosis of treatment. This was in general agreement with Lipton and Marbach (1984) who reported that oral status and physical symptoms were irrelevant in predicting the outcome to treatment.

(3) Comparison of TMJ Dysfunction patients who were classified as either having had a satisfactory resolution of their problems or not.

There were no significant differences between the two groups in any of the indices measured. These results were totally unexpected. Previous investigations of TMJ Dysfunction patients, using the IBQ to identify relevant associations between Psychological Factors and TMJ Dysfunction, tended to suggest that "non-responsive" TMJ Dysfunction patients may have been more inclined to "abnormal illness behaviour" compared to patients who responded to treatment (Speculand et al, 1981, 1983, 1985). The present results would refute such a suggestion. There appeared to be no correlation with any of the Psychological Indices (including Disease Conviction, Psychological V's Somatic Focusing, and the Discriminant Function). Nor were there any correlations with chronicity of pain, Clinical Indices, or Teeth Indices. In short, although many of these indices have been associated with TMJ Dysfunction both in this study and others, there appeared to be no association of these indices to the outcome of treatment. This was in agreement with the recent publication of Lipton and Marbach (1984) who concluded that oral status, physical findings, and psychological status were not relevant in establishing a potential predictor to outcome of treatment.

It was surprising that chronicity of pain was not significant, since it was found that acute pain patients [Section 4(1)] had a significantly better outcome to treatment when compared to chronic pain patients. The apparent reason that a significant difference was not obtained in this section was that a very large standard deviation was associated with pain duration. This interferred with obtaining a statistically significant result.

The result may also indicate that chronicity is not solely dependant on elapsed time, but other factors as well (eg. psychological factors). This result meant that while patients with acute pain had a better prognosis than those with chronic pain [Section 4(1)], the reverse did not apply. As such, patients who had a satisfactory outcome to treatment did not necessarily have acute pain. This non-corollary situation was one that typified many of the results in this thesis. This was an important finding of the project and shall be further discussed later in this chapter.

It is pertinent to mention that the success rate to treatment in this study was in the vicinity of 50%(Table 6.3). This was lower than reported in many other studies (Carraro et al 1973, 1978; Speculand, 1982; Greene & Laskin, 1983; Mejersjo & Carlson, 1983). It was in the same percentage range as reported by Greene and Laskin [1973 (a)] who obtained a 40% success rate using a placebo splint; 31% using a placebo drug (Greene and Laskin, 1971); 52% success rate for a placebo drug given with enthusiasm by the appropriate clinician [Laskin and Greene, 1972 (b)]; and 50% success rate using an anterior bite plane [Greene and Laskin, 1972(a)].

The criteria for improvement in the present study were quite stringent (Form E, Appendix I) and each patient had to report an improvement in at least one of three categories, and at the same time not be "the same" or "worse" in any other category for them to be classified as having had a successful outcome to treatment. These criteria appeared to be harsher than for many of the previously-mentioned reports in the literature regarding successful outcome to treatment. Presumably this was one reason that eventuated in a lower success rate compared to some of the previous reports. Undoubtably another reason was because of very conservative nature of the treatment. The results obtained would indicate that the success of the therapy regimes used in this study were in the same vacinity as placebo effects, and one form of active occlusal splint therapy [Greene and Laskin, 1971, 1972 (a) (b)]. It was interesting to find therefore that the success rate of treatment (presumably predominantly a placebo effect) had no correlation to any of the Psychological Indices (especially General Hypochondriasis, and the Whiteley Index).

An important finding from Section 4(1) was that chronic patients had a significantly lower prognosis to treatment. The ratio of acute to chronic patients in this study was 42:61 (Appendix V, page B.4.1). This was alluded to in the Methods chapter (page

6.4) and there was no doubt that this ratio severely influenced the rate of success to treatment. It is unlikely that many of the other studies that have been mentioned had this extraordinary ratio of acute to chronic patients (the exact figures were not given). However, Section 4(1) and this present section both confirmed that neither chronicity of pain nor the cured rate had any significant association with any psychological factors. As such, the ratio of acute to chronic patients would have had no influence on the results of the other sections.

Other factors became apparent (retrospectively) which also had an influence on the rate of success or failure to treatment. It was found that about 40% of the TMJ Dysfunction patients had signs of depression. Although some patients were given "anti-depressants" by their medical practitioners, no specific treatment was given for depression. Tversky (1985) has since shown that anti-depressant therapy may have a dramatic effect on treatment outcome.

Furthermore, the "Outcome to Treatment" survey (Form E, Appendix I) essentially asked the patients questions that established an Anamnestic Index. The present study showed that 35% of the control patients had an Anamnestic Index of II, and 54% had a Clinical Index of I. Similar percentages were quoted by Lundeen et al (1985) who found that 32% of their controls had a Clinical Index greater than zero, and 40% of the controls had an Anamnestic Index of more than zero. Thus it was obvious (after the event) that the chances were quite remote for obtaining a success rate of greater than 60-70% from the Anamnestic questions asked in Form E.

(4) Comparison of TMJ Dysfunction patients who were classified as having either a Muscle Index of 0 or I, or a Muscle Index of II.

The results of this section were interesting in that they appeared to conflict with some of the previously-supported theories about TMJ Dysfunction.

Although the groups were differentiated by their Muscle Index scores, it was found that the Anamnestic Index was not different between the groups. Thus, irrespective of the severity of the Muscle Index, the patients obviously perceived their problems as much the same between the groups. It also seemed that there was a direct relationship between the Muscle Index and the TMJ Index, with the group with the higher Muscle Index having a higher TMJ Index. This indicated that the Muscle Index and the TMJ Index (as measured in this study) were inter-related and that TMJ Dysfunction did not necessarily fall into two distinct groups of (a) TMJ problems (eg. internal derangement or OA) and (b) Muscle problems (eg. M.P.D.).

The Muscle Index did not correlate with any of the Teeth Indices, Age, Pain Duration, Cured rate, or Radiographic Index. Thus, as in previous sections, it appeared that the Number of Teeth [and the consequent occlusal problems caused by the loss of teeth as described by Posselt (1973) and Roberts (1980)] had little to do with the severity of the Muscle Index. It was obvious that the prognosis for treatment was not influenced by the Muscle Index, and this has been discussed in Section 4(3).

Of greater importance was the fact that there were no significant differences between the groups in Life Events, Anxiety, or Depression. It has been hypothesised for some time (Rugh and Solberg, 1979) that TMJ Dysfunction related to anxiety. It was summised that anxiety could be due to the pressure of Life Events and that this anxiety could cause an increase in muscle tension (Yemm, 1979), which could then lead to TMJ Dysfunction. This was reaffirmed by Lundeen et al (1985). The results of the present section did not support such a concept. Section 5 (1) to (3) will also conclude that there was no support for this particular theory.

There were significantly higher scores with the Discriminant Function and Disease Affirmation in the group with the higher Muscle Index. The results for the primary factors showed a lower score for the Psychological V's Somatic Focusing, and a higher score for Denial in the group with the higher Muscle Index.

Thus, these results indicated that in two groups that both had TMJ Dysfunction, the particular group with the higher Muscle Index was more inclined to an "abnormal illness behaviour" profile. As well, there was a tendency for this group to deny a psychiatric basis for their symptoms, and also to deny life stresses and to relate their problems to the effects of the dysfunction. These results, in total indicated the a likelihood of a "conversion syndrome" in this group of patients.

It should be stressed that the placement of patients into a higher Muscle Index category was from an assessment (albeit subjective) made by an independant clinician. The assessment was not made by the patient. Thus, these respective Psychological Factors were associated with a clinical difference in the Muscle Index as perceived by the examiner. It was not influenced by the Anamnestic Index. This implied that certain physical symptoms of TMJ Dysfunction may have been inter-related with some particular Psychological Factors, even though Section 4(2) found that the severity of pain from TMJ Dysfunction was not related to them. This finding has not been mentioned in the literature previously and warrants further investigations.

(5) Comparison of patients who suffered TMJ Dysfunction and who had either a TMJ Index of 0 or I, or a TMJ Index of II.

The results of this section followed those of the previous section. Again there was no significant difference with the Age, Anamnestic Index, Pain Duration, or the Teeth Indices. The conclusion was therefore that the degree of severity of the TMJ Index was not associated with these variables. As with the Muscle Index results, there was an association between the severity of the TMJ Index and the Clinical and Muscle Indices. There were no differences between the groups for Depression, Anxiety, or Life Events and this was the same as the previous Section 4(4). It was also obvious that the Cured rate was not associated with the TMJ Index.

However, the results from the IBQ were unexpected. With the present Section 4(5), the group with the higher TMJ Index had significantly higher scores with their General Hypochondriasis, Affective Disturbance, Affective State, and Whiteley Index. These results indicated that this group had an affective illness with perhaps a change in their mood and a phobic concern with the pain. This was opposed to the results of the previous Muscle Index section which showed a significant difference between the Muscle Index groups in completely different factors (ie. those more likely to indicate an abnormal illness behaviour due to their disease affirmation).

Thus, the results of the last two sections have shown that groups from the same pool of TMJ Dysfunction patients (who could not be distinguished by Anamnestic Index, Radiographic Index, Sexual Problems, Age, Life Events, Anxiety, or Depression, but who differred only in the severity of the symptoms for either the Muscles or the TMJ), could be differentiated by their psychological profiles. This particular result was exciting and complex. It indicates a need for a more detailed investigation in this area.

(6) Comparison of patients who suffered from TMJ Dysfunction and who had either a Muscle Index of II, or a TMJ Index of II.

Although the numbers for this section were low, analysis of the data showed that there were significant differences between the Psychological Factors of the two groups. Essentially, the Clinical Indices, Radiographic Index and Cured rate were not different and this merely verified what has been discussed in Sections 4 (4) and (5).

However, it was clear that the Muscle Index group was much more "disease orientated" than the TMJ Index group. The Muscle Index patients showed more phobic concern for their symptoms and were convinced of the presence of disease which they felt was not of a psychological nature. The results (primary and secondary factors) were strongly suggestive of a conversion syndrome and this was mentioned in Section 4(4). It is relevant to point out that the Muscle Index group had an average Discriminant Function score of almost 70. This is the cut-off point mentioned in Appendix II for "pain patients". Thus many of the Muscle Index patients would be in the "pain patient" category.

The present results indicated that the TMJ group was less psychologically "disease orientated" than the Muscle group, although this TMJ group was more hypochondriacal (with affective problems) than their counterparts with a lower TMJ Index [Section 4(5)]. This would not seem unreasonable since it could be expected that a high TMJ Index would be associated with patients who had distinct joint pathogy. This would be opposed to a group with a high Muscle Index (ie. M.P.D) which has been associated with psychological problems (Laskin, 1969; Clarke, 1982).

Thus, the last part of this Section 4 looked at patients who suffered from TMJ Dysfunction. It was found that patients who differed with either the type of signs and symptoms (eg. TMJ Index II V's Muscle Index II) or the severity of symptoms [eg. TMJ Index (0 or I) V's TMJ Index II or Muscle Index (0 or I) V's Muscle Index II] could be distinguished by their particular psychological profiles.

Section 5. (Groups with different Profiles)

(1) Comparison of TMJ Dysfunction patients who had either a high Life Events score or a low Life Events score.

There was a significant difference in Age between the groups [the low life events group was older and this related to the results in Section 2 (2)]. This difference in Age was probably the reason that the groups were significantly different in the Number of Teeth [the older group had less, see Section 2 (2)], rather than the difference in Number of Teeth relating to the number of Life Events experienced.

There were no significant differences between the groups with regard to their Clinical Indices, Radiographic Index, Cured Rate, or Anamnestic Index. Therefore, the conclusion was that Life Events had no association with these factors.

It was mentioned in Chapter VII (Results) that there was some confusion with the various Psychological Indices in this present section, because a variety of significant differences were found between the groups. However, these differences depended on the statistical tests being used. Irrespective of this, it was concluded that the Anxiety State and Trait were higher in the group with the higher Life Events, and this was so for Depression as well. The Affective State was higher for the group with more Life Events, which led to the conclusion that this group had an affective problem (at least more than the other group), with some mood change and perhaps dysphoria.

The high Life Events groups also had a large percentage of reported Sexual Problems. However, this may have been coincident to, not dependent upon, a high number of Life Events. It was not apparent that any of these factors were associated with an unusually high score of TMJ Dysfunction symptoms.

The overall conclusion was that the group with the higher Life Events (although younger) were more anxious and depressed. However, since both groups had TMJ Dysfunction, it could not be said that either Life Events, Anxiety, or Depression had a causal effect in TMJ Dysfunction. This will be discussed in the next sections.

(2) Comparison of patients who had a high Life Events score and who either suffered from TMJ Dysfunction, or Dental Pain.

As was expected, all the Clinical Indices and the Anamnestic Index were significantly more for the TMJ Dysfunction patients. The Age for the groups was not significantly different and this correlated to the finding of Section 2 (3). Neither were the Teeth Indices significantly different. As in other sections, this again indicated that there was no association between the teeth indices and TMJ Dysfunction.

The results of the Psychological Factors did not show any significant differences between the groups. The credibility of this finding was lessened however due to the low number of control patients (n=24). The fact that no significant differences were found between the groups (which had an average age between 30 and 35 years) was a variation from the results of Section 2 (3). That section compared similar groups of patients less than 40 years of age (average age was between 26 and 28 years), who had TMJ Dysfunction or Dental Pain. The results of Section 2 (3) showed significantly different Denial scores, and Discriminant Function. However Denial is linked with denying life stresses (Appendix II) and so it would be likely that if a group admitted to a high number of Life Events, such as the groups in this present section, they would probably not have a high Denial score. The flaw in this explanation was that the Denial scores for the present section, and that of Section 2 (3) were comparitively close. This may indicate that it was the lack in numbers of control patients that accounted for the lack of a significant difference between them with regard to Psychological Factors.

Irrespective of why the results occured, the conclusion was that if the experimental and the control groups were matched with a large number of Life Event experiences, then there was little or no difference in the Psychological profiles of the two groups. Therefore, the strong inference was that this particular group of patients may have had a "normal" (ie. similar to controls) psychological profile, and had merely experienced a large number of Life Events. In their case (not the controls) this may have lead to TMJ Dysfunction [probably acute, see Section 4(1)] although there was no clear reason why this would be so. It should be mentioned that the high number of Life Events did not appear to lead to any more anxiety or depression than the control group, even though Section 5 (1) found that the TMJ Dysfunction group with high Life Events, were more anxious and depressed than the group with the low Life Events. Thus, the exact role of Anxiety, Depression, and Life Events in relation to TMJ Dysfunction is somewhat uncertain.

(3) Comparison of patients who had a low Life Events history and who suffered from either TMJ Dysfunction or Dental Pain.

This section showed a significant difference between the groups with their Clinical Indices (TMJ Dysfunction group was higher). There were no apparent associations between the groups for the Teeth Indices, Radiographic Index, Depression, or Anxiety.

The results of the IBQ were quite different to the group with higher Life Events. The TMJ Dysfunction group was significantly higher for Whiteley Index, Discriminant Function, Disease Affirmation, Affective State, Disease Conviction, Affective Disturbance, and the TMJ Dysfunction group was lower for Psychological V's Somatic Focusing. Thus it was obvious that Psychological Factors were very prominent in this group of patients. This was in marked contrast to the TMJ Dysfunction group in the previous section (with higher Life Events) who showed no differences in the Psychological Factors.

The indication was that the present group of TMJ Dysfunction patients with a lower Life Events history were abnormally "disease orientated" (compared to the controls) and were more closely associated with a "pain population" (Appendix II) than were the controls. They tended to be preoccupied with symptomatology and rejected the likelihood of psychiatric problems causing their symptoms. They were also sad or anxious (although these two states were not seen in the "Zung Depression" or "Spielberger Anxiety" test results).

These results may have been related coincidently to Age [see Section 2(4)]. However, this was probably not the case since Section 2(4), which looked at older patient groups, had an average age of about 60 years. This was much older than the groups in the present section, which had an average age of 45 years. It was therefore more likely that the results were linked to a history of low Life events and TMJ Dysfunction.

A tentative hypothesis (that could be drawn from the above findings) would be that the TMJ Dysfunction patients with a low Life Events history may get TMJ Dysfunction (or at least seek treatment for the symptoms) because of a "conversion reaction". This seemed quite likely from the analysis of the IBQ scores. This hypothesis would be opposed to the theory (Rugh and Solberg, 1979) that anxiety may cause TMJ Dysfunction. No correlation between the two could be shown from the results in this study.

(4) Comparison of patients who had Dental Pain (ie. controls) but who had either clinical symptoms of TMJ Dysfunction, or no symptoms at all.

The results showed no difference in any of the variables measured except the Clinical Indices. Thus, these results strongly indicated that the Teeth Indices, Radiographic Indices, and Age were not associated with the clinical signs and symptoms of dysfunction. Furthermore, it was obvious that the patients did not feel that they had a problem (ie. the Anamnestic Index was not significantly different between the groups). There were no Psychological Factors that could distinguish the groups from one another, although Irritability and Anxiety Trait showed a tendency to be different between the groups (t-Test only, the group with the symptoms was higher). The lack of patient numbers may have affected these results. It could be that a higher anxiety trait and some feelings of anger may be associated with TMJ Dysfunction and it would be worth investigating this possibility further.

This section looked briefly at control patients who either did or did not have signs and symptoms of TMJ Dysfunction, and it was found that there were no significant Psychological Factors associated within the control groups. Therefore, it seemed likely that the most appropriate way to find any causative aetiological factors for TMJ Dysfunction, would be to look at "control patients" who have not presented for treatment of TMJ Dysfunction. By doing this, one may be able to eliminate Psychological Factors (particularly those related to abnormal illness behaviour) which may be associated with TMJ Dysfunction patients who seek treatment. Therefore, it may be possible to more easily identify the true aetiological factors involved with TMJ Dysfunction.

(5) Comparison of patients who had a high Spielberger Anxiety State Score and who suffered from either TMJ Dysfunction, or Dental Pain.

As expected, there were significant differences in the Clinical Indices between the groups as well as with the Anamnestic Index (TMJ Dysfunction group higher). The Number of Teeth was lower for the TMJ Dysfunction group, but this was probably related to Age rather than to Anxiety (TMJ Dysfunction group was 44 years old compared to 36 years for the control group).

The most significant finding was that almost all of the Psychological Factors were significantly different between the groups. This indicated that the TMJ Dysfunction group was more inclined to have an abnormal illness behaviour profile, with a phobic concern about their symptoms, and a likelihood of somatizing their complaint.

The real difficulty in dealing with the findings of this present section was in trying to distinguish between the results that could normally be expected between TMJ Dysfunction and control patients (as found in Sections 2 and 4), and the results that were due to these groups being in a highly anxious state. Irrespective of this problem, the results indicated that Psychological Factors were of a major importance in TMJ Dysfunction patients who were highly anxious. Whether this was a "cause or effect" relationship could not be determined.

(6) Comparison of patients who had a low Anxiety State score and who either suffered from TMJ Dysfunction or Dental Pain.

The results from this section confirmed a significant difference between the groups with regard to the Clinical, and Anamnestic Indices.

The TMJ Dysfunction group was significantly more depressed than the controls. However this depression score was very much lower (ie. less depressed) than the scores from the previous Section 5(5), which showed no significant differences. The precise meaning of this result with regard to TMJ Dysfunction was therefore hard to determine and probably has no meaningful significance.

The IBQ results were less extreme than the previous Section 5(5), and in the present section there was no indication that the TMJ Dysfunction group had any phobic concern about their symptoms (eg. Hypochondriasis). However, there was (as in the previous section) a strong indication that the TMJ Dysfunction group were more orientated to an "abnormal illness behaviour" profile.

(7) Comparison of TMJ Dysfunction patients who had either a low Anxiety State score, or a high Anxiety State score.

The Results showed that there was no correlation of Age, Clinical Indices, Pain Duration, Teeth Indices, Life Events or Cured Rate to either high or low anxiety states in patients suffering from

TMJ Dysfunction. The finding that Life Events did not relate to anxiety was of particular interest, considering the findings in Section 5(1) to (3). It reinforced what was discussed then, that there did not appear to be a direct link between high Life Events leading to anxiety, which then lead to TMJ Dysfunction (Rugh and Solberg, 1979). It may be that stress from a high Life Events history leads to parafunctional habits (bruxing) directly (irrespective of Anxiety), which may then lead to TMJ Dysfunction.

This present section showed that the TMJ Dysfunction group with the higher anxiety score also tended to a more abnormal illness behaviour profile (many of the primary and secondary factors were significantly higher in this group). They were also more depressed. However, it was noteworthy that the Discriminant Function, and Psychological V's Somatic Focusing Factors were not different. As well, all the scores were short of the "cut-off" points (Appendix II) for indicating an illness behaviour similar to a chronic "pain" group. Thus, although there was a tendency for this group to be more inclined to abnormal illness behaviour, it may not be of clinical significance.

In fact, as discussed in Section 5(5), there is a possibility that anxiety was an effect rather than a cause. If this was so, it could explain the diverse results that have been obtained in this project with regard to anxiety.

The results so far seen in Section 5 seemed to indicate that when TMJ Dysfunction patients had a high Life Events history, then this was not necessarily associated with any psychological problems or a particular personality profile. However, if a TMJ Dysfunction patient had a Life Events history that was lower than average, then there seemed to be a strong relationship between TMJ Dysfunction (or the seeking of treatment for TMJ Dysfunction) and an abnormal illness behaviour profile. This was an important finding because it could indicate why there has been so much diversity of results in the literature with regard to TMJ Dysfunction.

The findings indicated that the real differences between the observed groups (both TMJ Dysfunction V's TMJ Dysfunction, and TMJ Dysfunction V's Controls) may have been related to the Life Events history rather than age, socio-economic status, sex, psychological symptoms etc. If this was so, it could explain why the results of a similar investigation by Speculand (1982) differed from those of the present study. In fact, it could explain why the results of many of the recent studies reviewed in Chapters 1,3,4 and 5 have varied so much (including the results of Section 2 in this project). It would mean that it should not be Age, Severity of Clinical Indices, Teeth, Radiographic Index, etc. that are the important variables to observe and identify with regard to TMJ Dysfunction, but rather the number of Life Events and the Psychological Profile. Many of the previously reported studies placed their emphasis on the former rather than on the latter variables.

These results may also explain the approximate 4:1 (female:male) ratio difference in TMJ Dysfunction patients who present for treatment (Goss, 1974; Helkimo, 1979; Ogus and Toller, 1981). Huskissan (1974) has shown that females have a lower pain threshold, and Molin (1973) also found that anxious people have less tolerance for pain. Some women appeared to be less tolerant of pain (Notermans and Tophoff, 1975; Woodrow et al 1975), and several other authors have suggested that women have a higher degree of psychosomatic disease (Heloe et al, 1977; Heiberg et al, 1978). If you add the possibility that females may have a more abnormal illness behaviour profile, then these facts could all aid in the explanation of the higher female:male ratio in patients who present for treatment of TMJ Dysfunction. Certainly this would be an interesting area of future investigation and will be briefly looked at in Section 5(11) and (12).

(8) Comparison of TMJ Dysfunction patients who had either a low, or a high Zung Depression score.

No significant differences were found between the groups with regard to Anamnestic Index, Clinical Indices, Pain Duration, Teeth Indices, Treatment Times, Life Events, Age, or Cured Rate. Several important conclusions could be drawn from these results. Depression did not influence the patients perception of their symptoms or the resolution of dysfunction after treatment. This latter finding was interesting because Tversky (1985) has recently claimed to markedly increase the success rate of treatment for depressed TMJ Dysfunction patients, when anti-depressant therapy <u>and</u> dental treatment were used in conjunction.

Depression did not appear to influence Treatment Times, or pain duration and there was no relationship to Age, or Life Events. This was contrary to the results obtained in Section 2(2) which indicated that the older TMJ Dysfunction group was more depressed. Section 5(1) showed that TMJ Dysfunction patients with a higher Life Events history were more depressed. The likely reasons for these seemingly confused results were that:

(i) older TMJ Dysfunction groups were likely to be more depressed due to Age, however it did not necessarily mean that TMJ Dysfunction patients who were depressed had to be old.

(ii) TMJ Dysfunction patients who had experienced a history of a high number of Life Events were, quite naturally, likely to be depressed. However that did not necessarily mean that patients who were depressed had to have experienced a Life Event crisis.

It was obvious from the results mentioned above and elsewhere in this study, that the converse (or corollary) correlation of many of the associations between variables did not apply. This was an important point and one that has not been made clearly in the literature. It also emphasised the conclusion that the association of variables between various groups of patients depended entirely on the homogeneity of the groups in question.

Significant differences between these TMJ Dysfunction groups showed that the patients with the higher depression score were more inclined to an abnormal illness behaviour profile. Differences were found with General Hypochondriasis, Disease

Conviction, Affective Inhibition, Affective Disturbance, Irritability, Whiteley Index, and Anxiety (State and Trait). It is noteworthy that the Discriminant Function, and Psychological V's Somatic Focusing were not different. Thus, the abnormal illness behaviour of these depressed patients seemed to be more involved with a phobic concern with their health and symptoms rather than a somatization response. Quite expectedly, the depression lead to an affective disturbance of their state which was associated with anxiety.

These results closely matched those of Pilowsky et al (1977) who stated,

"It is clear that general hypochondriasis and depression are positively related, with depressed individuals tending to be more hypochondriacal than other pain patients. Similarly, the more depressed pain patients are more likely to have a stronger conviction of disease and some proccupation when ill than are others. Not surprisingly, scale 5, which reflects dysphoria (both anxiety and depression), correlated highly with depression and the more depressed pain patient is more likely to be irritable. These observations illustrate that certain salient dimensions of illness behaviour covary positively with degree of depression in chronic pain patients."

This finding of higher abnormal illness behaviour in depressed patients was important in light of the claim by Tversky (1985) that depression, when associated with TMJ Dysfunction, was likely to lead to diminution of a successful response to treatment. However, his study involved only small numbers of patients and his conclusions may therefore have been misleading. The present study showed that the depressed group of TMJ Dysfunction patients were inclined to an abnormal illness behaviour profile which was likely to be associated with hypochondriasis as opposed to somatization. This meant that a different and important group of TMJ Dysfunction patients were those who were depressed. This point will be further discussed later in the chapter.

(9) Comparison of patients who had a low Depression score and who suffered from either TMJ Dysfunction, or Dental Pain.

There were no significant differences between the groups with Age, Teeth Indices, Anxiety, or Life Events. Significant differences were found with the Anamnestic Index, and Clinical Indices and this was expected (with the dysfunction group being higher).

Many of the Psychological factors were significantly different which lead to the conclusion that in these two groups, where the Depression level was within the normal range (ie. below 40) the TMJ Dysfunction group was characterized by an abnormal illness behaviour profile. This finding was similar to previous results in Section 1,2, 4 and 5 [particularly with low Life Events, Section 5(3)]. The indication was that if either Depression or Life Events were in the lower range, then it was the abnormal illness behaviour profile that was most apparent with the TMJ Dysfunction group.

(10) Comparison of patients who had a high Depression score and who suffered from either TMJ Dysfunction, or Dental Pain.

As was expected the Anamnestic, and Clinical Indices were significantly different. There were no other significant differences. Therefore, this result closely approximated the Life Events Section 5(2), where the high Life Events groups (controls and dysfunction) had no differences in their Psychological Indices. Thus, it appeared that if depression was high, then the TMJ Dysfunction group had significantly more abnormal illness behaviour than did the TMJ Dysfunction group with little or no depression. However this abnormal profile was not different to the dental controls with a high depression score. The suggestion was therefore, that depression was closely associated with an abnormal illness behaviour profile (irrespective of TMJ Dysfunction).

In the "normal" (no depression) TMJ Dysfunction group, it was apparent that this group had a more abnormal illness behaviour profile than the corresponding controls, but this abnormal profile was "less" abnormal than the profile of the depressed TMJ Dysfunction group.

In summary therefore, abnormal illness behaviour was associated with both TMJ Dysfunction groups, but more so with the group that was depressed, although the highly-depressed controls also had an abnormal illness behaviour profile.

(11) & (12) These sections compared Female and Male patients who suffered from either TMJ Dysfunction, or Dental Pain.

These sections were included for a superficial analysis of the illness behaviour profiles of female and male patients because the overall results of this project indicated that it was the individual's illness behaviour profile that was important in determining whether a patient sought treatment for TMJ Dysfunction, compared with other factors. It was discussed in Section 5(7) that there was a possibility that female patients may have more abnormal illness behaviour than males, and this could have explained why more females sought treatment than males (Helkimo, 1979). However the results of this present section could find no significant differences for any of the factors between the various female V's male groups. This agreed with the results of Pilowsky et al (1977) when they studied depressed and chronic pain patients.

Therefore, the strong indication was that the Clinical Indices, Teeth, Pain Duration, Life Events, Depression, Age, Anamnestic Index, and Psychological Factors were not the reasons for the different male and female ratios in the TMJ Dysfunction treatment population. Although the numbers in the present study were low for the male groups (and this requires correction in further investigations comparing females to males), it still appeared that the higher number of female TMJ Dysfunction patients seeking treatment was not due to either the illness behaviour profiles, Clincial Indices or Self Perception Index. Possibly, the ratio discrepancy was either due to a lower pain threshold in female patients (Huskissan, 1974), or that females tolerated pain less than males (Notermans and Tophoff, 1975; Woodrow et al, 1975).

4. Discriminant Analysis.

Analysis of the data showed that discriminant functions (formulae) could be constructed that would predict or discriminate (with reasonable accuracy) between different groups. The aim, with any discriminant analysis, was to arrive at the simpliest possible function with the least number of variables possible. The over-riding condition was that the function had to be effective in discriminating between the groups. It was with all this in mind that discriminant analysis was done between the respective groups, using between one and twenty one variables.

(1) TMJ Dysfunction V's Control groups

(a) When only one variable (which was the Discriminant Function as used in the IBQ manual, Appendix II) was used to distinguish between the TMJ Dysfunction and control groups it correctly classified 63% of cases.

(b) This accuracy marginally increased to 65% when the primary factors from the IBQ were used (ie. the analysis created its own Discriminant Function as opposed to the one in (a) above). The factors used in the resultant function were General Hypochondriasis, Disease Conviction, Affective Disturbance, and Denial; instead of Disease Conviction, Psychological V's Somatic Focusing, Affective Inhibition, and Denial which were used by the Discrimninant Function mentioned in (a) above (see Appendix II).

(c) When all the Psychological Factors were included for analysis (ie. 7 primary factors, as well as Anxiety State and Trait, Depression, and Life Events) the analysis ended up with exactly the same variables being used as in (b) above (General Hypochondriasis, Disease Conviction, Affective Disturbance, and Denial). The resultant function correctly classified the same percentage of cases (65%) as in (b) above. This result implied that Anxiety State and Trait, Depression, and Life Events could not be used to distinguish between the control and the TMJ Dysfunction groups.

(d) The final analysis used twenty-one variables (those mentioned in (c) above and also; Age, TMJ Index, Clinical Index, Radiographic Index, Anamnestic Index, Sexual Problems, Number of Teeth, Contacts, and Total Teeth Index). After all these variables were analysed, seven variables were shown to correctly predict the groups to 89% accuracy. These variables were; Age, General Hypochondriasis, Disease Conviction, Radiographic Index, Depression, Anamnestic Index, and Clinical Index.

This did not mean that there was necessarily a significant difference between the groups with these variables. What it meant was that these factors could be weighted and the resultant formulae used to distinguish between the groups.

It was found that the control patients had a bimodal distribution, and this fact was appreciated and was investigated in Section 5(4). However, the bimodal distribution caused some problems, in formulating an adequate discriminant function that separated all the control patients from the TMJ Dysfunction group. This was because the mode of one of the distributions closely approximated that of the Dysfunction group.

(2) Satisfactory outcome V's non-satisfactory outcome to treatment for TMJ Dysfunction.

Similar analysis to that described above showed that it was possible to distinguish between the TMJ Dysfunction patients who had either had a successful, or an unsatisfactory, outcome to treatment.

(e) When the Discriminant Function from the IBQ Manual (Appendix II) was used, only 51% of the cases could be correctly predicted and classified in their appropriate groups. This was markedly less than for Speculand (1982), who reported that the same analysis with his respective group of patients could correctly identify 75% of the cases. It should be noted however, that the "Cured" rate quoted by Speculand for a satisfactory outcome to treatment was 87%, which was appreciably higher than the rate in the present study [Table 6.3 and Section 4(3)]. Probably this difference enabled Speculand (1982) to make a better discriminant analysis of his data and allowed the much higher prediction rate using a single variable.

(f) When the seven primary factors from the IBQ were analysed, the predicted accuracy for correctly classifying patients into the two groups increased to 62%. The two variables used for prediction were Irritability, and Psychological V's Somatic Focusing.

(g) The prediction accuracy was increased to 70% when using all of the Psychological Factors (ie. factors including those in (f) above and also Life Events, Anxiety State and Trait and Depression). This discriminant function used the same primary IBQ functions as mentioned before in (f) (ie. Irritability and Psychological V's Somatic Focusing) but also incorporated Life Events.

(h) When the analysis of the total twenty one factors was carried out, a prediction rate of 77% was achieved. The discriminant function used the following factors: Age, Disease Conviction, Denial, Irritability, TMJ Index, Anamnestic Index, Anxiety Trait and State, Life Events, and Sexual Problems. However, Irritability was interrelated with Age, and Sexual Problems was probably related to Life Events to some degree. Thus, these factors may have been repetitive.

When the above variables were used in the discriminant function that was described in Chapter VII, the group of TMJ Dysfunction patients that had had a satisfactory outcome to treatment had an average score of -0.66 while the non-responsive group had an average score of 0.72. Thus, when predicting the outcome of treatment by using this particular discriminant function, patients who had a negative score that approached 0.66 were likely to have a satisfactory prognosis. Patients whose scores were above zero (ie. a positive score) that approached 0.72 were likely to be recalcitrant.

The indication from this discriminant analysis was that the prediction of successful outcome to treatment for TMJ Dysfunction patients (and for the prediction of TMJ Dysfunction) required a multi-variant analysis. Thus, the overall conclusion was that there were numerous factors that influenced the prognosis of treatment and these will be individually discussed in the next part of the chapter.

5. General Discussion.

A multitude of facts, figures and conclusions have been presented in this thesis. In order to simplify all these, some of the individual variables will be discussed separately in order to clarify the general findings.

AGE: The literature has previously indicated a relationship between TMJ Dysfunction and age (Helkimo, 1979; Speculand, 1982). There has also been reported a relationship between age and OA of the TMJ (Blackwood, 1963; Weisengreen, 1975; Bean et al, 1977). The results of this project [Section 2 (2) (3) and (4)] indicated that Age had little effect on the signs and symptoms of TMJ Dysfunction, or on the Cured rate, or on the Radiographic Index. There was a difference in the Psychological Profiles for the older group, and this will be discussed later. There was an obvious association between Age and the Number of Teeth (older had less). However, the Total Teeth Index between the younger and older groups was not different. Age was an important factor in the formulae of the discriminant functions that differentiated between TMJ Dysfunction patients and controls, as well as patients who were successfully treated compared to those who were not.

ANAMNESTIC INDEX: The results of this study indicated that TMJ Dysfunction groups had a higher Anamnestic Index than controls. However, the control groups also reported problems [see Section 4(3) and 5(4)]. There was no correlation found between the Anamnestic Index and the Severity of signs and symptoms of TMJ Dysfunction, or the Duration of Pain or the Cured rate.

CLINICAL INDICES: The Clinical Indices were consistantly different between the TMJ Dysfunction groups and the control groups. However, it was found in many cases that the control groups also had signs and symptoms of dysfunction. When analysis was done on TMJ Dysfunction groups with different Muscle or TMJ

Indices [Section 4(4) and (5)], there was an association between severity of one index to the other ie. a high TMJ Index correlated to a high Muscle Index and vice versa. However, it was found that the Severity of symptoms (severe V's mild) was not associated with the Psychological Profiles of the TMJ Dysfunction patients. The Duration of the Pain did not affect the Clinical Indices.

OCCUPATION:
MARITAL STATUS:
COUNTRY OF ORIGIN:

These three categories did not show any particularly outstanding trends.

PAIN DURATION:

The chronicity of pain was found to vary between the particular TMJ Dysfunction groups that were observed. The older TMJ Dysfunction patients were shown to have a longer Duration of Pain [Section 2(2)] and the Pain Duration was significantly less for patients with a lower Radiographic Index [Section 2(6)]. The number of tooth contacts had no bearing on the Duration of Pain [Section 2(10)]. Patients who had pain that had been present for less than 6 months had a better prognosis to treatment than patients with chronic pain [Section 4(1)], although the reverse was not true [Section 4(3)].

SEXUAL PROBLEMS: This variable or category was added to the others in this project because it had been suggested by Moulton [1955(a)] that guilt about sexual conflict was often expressed in oral symptoms. It therefore seemed worthwhile in a general way to screen the TMJ Dysfunction groups for Sexual Problems particularly since there were applicable questions asked in Form A (Appendix I).

It is acknowledged that the category of Sexual Problems was not an ideal one since it relied on the patients reporting problems voluntarily. A complete investigation by interview of the reported problems was not carried out. Never-the-less, Questions 225, 346 and 411 (Form A, Appendix I) generally did encompass the sphere of Sexual Problems. The answers were recorded by the method described in Chapter VI and Appendix V. The patients' Sexual Problems were rated as "good" or "bad" (ie. no problems or some problems respectively).

The results showed no differences between the TMJ Dysfunction and the control groups, or between various different Dysfunction groups [see Section 2(1)(2)(3)(4)(5)]. This was also the case when the AFP group was compared to both the TMJ Dysfunction group and the control group (Section 3). However, when the acute TMJ Dysfunction group was compared to the chronic TMJ Dysfunction group [Section 4(1)], it was found that the "acute" group had more Sexual Problems than the "chronic" group. The acute group also had dramatically more Life Events (of a serious nature) and it was quite likely that it was this situation, rather than the symptoms of dysfunction, that was associated with the Sexual Problems. This likelihood was emphasised by results of Section 5(1) which compared TMJ Dysfunction groups of high and low Life Events. The high Life Events group had many more cases of reported Sexual Problems compared to the the low Life Events group [Section 5(1)]. However, these Sexual Problems were not significantly different to a control group that also had high Life Events [Section 5(2)]. These results therefore implied that Sexual Problems were not a causative factor for TMJ Dysfunction, but rather only related by coincidence to a high Life Events history.

NUMBER OF TEETH: A decrease in the Number of Teeth have been implicated in the literature to lead to many problems in the masticatory system. Agerberg et al (1969); Oberg et al (1971); Merjersjo and Hollender (1984) have said that there appeared to be an association between tooth loss and OA of the TMJ, although Toller (1973) disputed this.

The present study used the Radiographic Index to assess radiographic changes to the condylar head. When the TMJ Dysfunction patients were separated into high and low Radiographic Index groups [Section 2(6)], no association could be found with the Number of Teeth, even though the higher Radiographic Index group was much older (by 18 years). A similar result was obtained by Muir (1981) who observed edentulous and dentate TMJ Dysfunction groups. When TMJ Dysfunction patients were separated into high and low Teeth Index groups [Section 2(7)], there were no significant differences found regarding the Radiographic Index. This result was the same when the Teeth Index was high and TMJ Dysfunction and control groups were compared [Section 2(8)], and also when the Teeth Index was low [Section 2(9)] and the TMJ Dysfunction and control groups were compared. A similar trend continued when TMJ Dysfunction patients (with more or less than 20 Contacts) were compared [Section 2(10)]. Thus, there was no evidence of an association between a decreased Number of Teeth and either TMJ Dysfunction, or a higher Radiographic Index.

A significant difference with the Number of Teeth was found with some TMJ Dysfunction groups [Section 1(1) and Section 2(1) (2) (4) and (5)]. However, this was likely to be either socio-economic [Section 1(1)], or age related [Section 2(1) (2) (4) and (5)].

Certainly, most of these particular Sections showed that the number of Contacts and the Total Teeth Index was approximately the same between the groups irrespective of the Number of Teeth. This point has been made earlier (page 7.4) and shall not be re-discussed here.

The strong indication was that, where there was a higher than average incidence of radiographic change (and presumably an increased incidence of remodelling or OA of the TMJ), this incidence was related to age rather than the Number of Teeth. It was likely that the decrease in the Number of Teeth was only coincidentally related to TMJ Dysfunction.

This argument can be carried further. It has been well documented that the loss of natural teeth leads to a loss in occlusal function and stability. It also hastens a decline in occlusal harmony (Posselt,1973; Roberts, 1980). Thus, as a very general guide, the Number of Teeth can be used as an crude indication of "occlusal disharmony". The less teeth remaining, the more occlusal disharmony is likely to occur and the natural occlusion will probably be less "balanced". If this concept is accepted as a general principal, then it would follow that if the occlusion was related or associated with TMJ Dysfunction, then there would be less natural teeth present in the TMJ Dysfunction groups compared to the controls. This was not found to be the case. Therefore, in very general terms, no support was found for "occlusal disharmony" (Costen, 1934; Ramford, 1966; Posselt and Olsen, 1968; Weinberg, 1976) being the aetiological cause for TMJ Dysfunction. Quite the contrary was found.

Therefore, the main findings of the study supported instead, the theory that the principal factors associated with TMJ Dysfunction and the seeking of treatment for it were predominantly psychological. This will be discussed later on in the chapter.

TEETH INDEX:
CONTACTS:
TOTAL TEETH INDEX:

These three indices have been well discussed previously in this Chapter and shall not be dealt with here.

RADIOGRAPHIC INDEX:

The Radiographic Index used in the present study was a modified Index as described in an extensive study by Muir (1981). The modifications were that only the condylar head was evaluated (not the glenoid fossa) and the Index was a combined index of six measured categories of radiographic change (see Methods and Appendix V). Thus, in the present study, the Radiographic Index would have under-rated or under-valued any radiographic changes when compared to the study of Muir (1981).

Muir (1981) had previously reported in his investigations that the TMJ Dysfunction pain group had more osteophytes in the over 40 years of age bracket, more erosions in the above and below 40 year groups, and more flattening and sclerosis in the under 40 group when compared to the respective controls. Muir (1981) did not find any marked significant difference in radiographic changes between dentate and edentulous patients (except for sub-cortical cysts).

The results of the present study showed no difference between TMJ Dysfunction groups below or above 40 years [Section 2(2)], or between TMJ Dysfunction patients and controls below 40 [Section 2(3)]. However there was a significantly higher Radiographic Index in the TMJ Dysfunction group who were more than 40 years of age, compared to controls. Therefore, the indication was that age and TMJ Dysfunction may lead to a higher Radiographic change in the condylar head. This finding was reinforced with the results of Section 2(6), which showed that TMJ Dysfunction patients with a higher Radiographic Index were older, when compared to a group with a lower Index. The higher Index group also reported having had TMJ Dysfunction pain for longer, although the converse (ie. that patients with chronic pain had a higher Radiographic Index) was not true. There was no indication that the Radiographic Index influenced the "Cured" rate;

or that the Teeth Indices were related to the Radiographic Index or vice versa.

When the severity of TMJ Dysfunction was compared [Section 4(2)], there was no association of the Radiographic Index to the groups that had either mild or severe pain. This finding corresponded to the findings of Muir (1981) who found that evidence of radiographic change was higher on the side that was not involved with pain (ie. the painful TMJ showed less radiographic signs of change). Section 4(3) did not show that the outcome of treatment for TMJ Dysfunction was influenced by the Radiographic Index. Likewise, a high score of either the Muscle Index [Section 4(4)] or TMJ Index [Section 4 (5)] did not show any correlation to the Radiographic Index.

TREATMENT TIME: TIME ELAPSED: Treatment times averaged about 2 months, and the Time Elapsed from the initial examination until the Survey by Form E (Appendix I) averaged approximately 8 months.

Greene and Laskin (1983) indicated that 1 to 3 months could be considered a short-term study, whilst 18 months or more could be considered a long-term investigation. It would therefore be reasonable to categorize the present investigation as an "intermediate-term study".

CURED RATE: Kopp (1979) suggested that an increase in age and a decrease in molar support could lead to a decrease in the success rate for treatment of TMJ Dysfunction patients. It is unfortunate that age and tooth loss are inter-related (Section 2), as this made it difficult to separate them as distinct or independant variables. However, the present investigation found no evidence that any of the Teeth Indices influenced the prognosis for treatment [Section 2(7) & (10) and Section 4(3)].

Clark et al (1979) reported that patients with moderate symptoms had a better prognosis than patients with severe symptoms. Section 4(2) & (3) indicated that this was not the case in the present study. These results were therefore in agreement with Heloe and Heiberg (1980) who concluded that the Clinical Index [as described by Helkimo, 1974 (a)] did not influence the outcome to treatment. This finding was also the general conclusion of Lipton and Marbach (1984) who said that oral status and symptoms were irrelevant in the prediction of treatment outcome.

As has been mentioned previously, the Duration of Pain (chronicity) significantly influenced the success or failure of treatment (chronic pain had a lesser number of successful treatment outcomes). However the converse was not true. That is to say, patients whose dysfunction did not successfully resolve did not necessarily have chronic pain when they presented for treatment. Heloe & Heiberg (1980) found that the personality profile of patients influenced the prognosis to treatment. This was a similar conclusion to Pomp (1974) who indicated that deep-seated personality problems were difficult to change, and as such, decreased the prognosis for the treatment of TMJ Dysfunction. The TMJ Dysfunction group that reported a successful outcome to treatment in the present study, could not be shown to be significantly different in any of the Psychological Factors, when compared to the groups who reported an unsuccessful outcome. Furthermore, the present study found no correlation of the Cured rate to high or low Life Events [Section 5(1)].

It should be pointed out that AFP patients were separated in the present study. Previous reports by Speculand et al (1981), and Goss et al (1985) indicated that these types of patients may have a poor prognosis to treatment. Pomp (1974) and Heloe and Heiberg (1980) may not have excluded IFP or APP patients from their results. This factor therefore, could be a possible explanation for the variation in their results and those of the present investigation.

LIFE EVENTS: Life Events have been reported to be associated with

TMJ Dysfunction (Moody et al, 1981; Speculand et al, 1984, 1985). The present study showed that TMJ Dysfunction patients had significantly less Life Events if they were older [Section 2(2) and Section 5(1)]. If TMJ Dysfunction patients were less than 40 years [Section 2(3)] then they showed no difference to controls with regard to Life Events. However, if they were over 40 years [Section 2(4)] then the TMJ Dysfunction group had significantly more Life Events (of a serious nature) than the controls. Speculand (1984) previously reported findings similar to these, however, he found that the younger group also reported a significantly higher number of Life Events.

TMJ Dysfunction patients who suffered acute pain [Section 4(1)] had many more Life Events (of a serious nature and including Sexual Problems). This particular group also had a higher Cured rate. These results together indicated that the TMJ Dysfunction in this group may have been an acute problem caused by a recent or current life crisis. Anxiety was not obviously involved. The acute symptoms were more easily resolved than chronic ones and this may have been due to the eventual resolution of the life crisis within a reasonably short space of time.

There was no indication that Life Events were linked to the Severity of dysfunction [Section 4(2)] or to either the Muscle or the TMJ Index [Section 4(4), (5) & (6)].

When TMJ Dysfunction groups were placed into either high or low Life Events groups [Section 5(1)] then it was found that the high Life Events group had more Sexual Problems and they also had a significantly higher Anxiety State and Affective State. The two groups had much the same illness behaviour profile. When the TMJ Dysfunction group with the higher Life Events was compared to the respective dental-pain control group, then there were no obvious differences in the Psychological Factors [Section 5(2)]. However, when TMJ Dysfunction patients with a low number of Life Events were compared to a control group with a similar Life Event history, then a multitude of Psychological Factors presented as being significant [Section 5(3)].

The overall conclusions were that if TMJ Dysfunction was associated with a high number of Life Events then the patients did not appear to have an abnormal illness behaviour profile compared to their controls. The high and low Life Events TMJ Dysfunction groups were approximately the same with regard to their illness behaviour profile. Thus, the exact significance of the high Life Events, and its relationship to TMJ Dysfunction was hard to assess.

In the group of TMJ Dysfunction patients with a lower than average number of Life Events, there seemed to be a great number of Psychological Factors associated with the dysfunctional problem compared to their controls. The inference was that these factors either caused TMJ Dysfunction or (perhaps more accurately) were more likely to impel them to present for treatment.

DEPRESSION TEST: The Zung Depression Test did not discern depression in all the groups that were investigated in this study. Therefore, it may be concluded that not all the groups observed in this study had extraordinary differences in their depression scores. Pilowsky and Bassett (1982) suggested this when they concluded, in their study of depressed and chronic pain patients, that chronic pain patients and depressed patients were not identical in their profiles.

It was found in the present study [Section 1(1)] that public TMJ Dysfunction patients were more depressed than private ones. This may have been age related (as the public patients were older). However, this was unlikely and it was more likely that the depression was related to socio-economic factors (the public group had more pensioners and the group was more anxious). However, to uphold the possibility that depression was age related, was the finding [Section 2(2)] that the older TMJ Dysfunction group was more depressed than the younger. Speculand et al, (1984) found that older patients experienced more Life Events over which they had less control and that these events had a more severe negative impact.

If a similar situation occured in the present study, it may explain why the older group was more depressed than the younger group. There was also a suggestion [Section 5(1)] that if the TMJ Dysfunction group were exposed to a high number of Life Events then depression may eventuate, as well as anxiety.

A brief but interesting report was recently given by Tversky (1985) which indicated that TMJ Dysfunction patients who had depression (assessed by the Hamilton Depression Rating) were more likely to be unsuccessfully treated unless attention was paid to both their depression and dysfunction. Tversky's report varied from many others on two counts. Firstly it placed considerable emphasis on depression in TMJ Dysfunction patients. The present study did not find depression particularly outstanding in the majority of TMJ Dysfunction patients. Secondly, Tversky (1985) emphasised that depression needed to be treated in order to enhance the prognosis to treatment. While the present study did not find this, it must be said that the success rate to treatment in this study was much lower than one would have liked. Tversky's results offer an explanation why this may have been, and most certainly it would appear to be a most important area of future research.

TMJ Dysfunction patients who were not depressed showed a more abnormal illness behaviour profile compared to the respective controls. However, while the highly depressed patients were not significantly different from their controls in the illness behaviour profile [Section 5(10)], they were more abnormal in their illness behaviour profile compared to their lower depression counterparts [Section 5(8)].

The conclusions were that the TMJ Dysfunction patients who were not depressed were strongly associated with an abnormal illness behaviour profile. The TMJ Dysfunction group with a higher depression score was more abnormal in its profile. However, this latter group was not different from its respective control group and so it could not be concluded that these findings had any particular association with TMJ Dysfunction. As has already been mentioned, depression did not seem to adversely affect the Cured rate.

ANXIETY STATE: ANXIETY TRAIT: These two factors were investigated in this study because previous reports had strongly implicated anxiety as being a major contributing factor to TMJ Dysfunction (Molin et al, 1973; Rugh & Solberg, 1979; Clarke, 1982). However, the present study did not produce any support for this hypothesis (Section 2).

The results did find an association between high Life Events and Anxiety State [Section 5(1)] although this association was not apparent in reverse [Section 5(7)].

Anxiety showed no relationship to chronicity of pain [Section 4(1)], or Severity of dysfunction [Section 4 (2)], or the Cured rate [Section 4(3)] or either the Muscle or the TMJ Indices [Section 4(4) and (5)]. Control patients who had TMJ Dysfunction symptoms [Section 5(4)] had no more or less anxiety than those control patients who had no symptoms.

Thus the present investigation found that anxiety could not be directly related to TMJ Dysfunction [Section 5(5), (6) and (7)]. It may have been related to Life Events and present as a consequence of a particular life crisis [Section 5(1)], but this was not always so [Section 5(7)]. Anxiety and TMJ Dysfunction may have correlated with, but not have been causally related to certain events.

Irrespective of this, Section 5(5), (6) and (7) did indicate that if TMJ Dysfunction patients were classified into high or low Anxiety States and compared to the respective control groups, then certain psychological profiles could be noted. The TMJ Dysfunction groups showed a definite tendency to have an abnormal illness behaviour profile. The lower anxiety group showed the most "abnormal" profile. The exact significance of these findings was hard to assess in comparison to the TMJ Dysfunction groups observed in Section 2. If the symptomatology was part of a psychological strategy of the patients, aimed at avoiding awareness of emotional stress by focusing on physical symptoms, then these findings may have reflected that process.

IBQ: There have been numerous reports in the literature that have associated psychological factors with TMJ Dysfunction. Many of these have been mentioned in Chapters III, IV & V and shall not be recited here. One of the more applicable concepts was that of "illness behaviour" (Mechanic, 1960). Pilowsky (1971, 1975) and Pilowsky and Spence (1983) developed Mechanic's concept further and introduced the idea or dimension of "abnormality" with illness behaviour. Recent reports by Speculand et al (1983, 1985) specifically studied "abnormal illness behaviour" by utilizing the results obtained from the Illness Behaviour Questionaire (Pilowsky and Spence, 1983). To a large degree the present investigation followed the same lines as Speculand (1982) but it was extended to include a much larger number of other variables.

The results of the study quite clearly showed that TMJ Dysfunction patients who presented for treatment often had psychological profiles that were at variance with selected control patients. In many cases this profile approached an "abnormal" level, and sometimes closely approached the profile of "pain clinic" patients that had previously been described by Pilowsky and Spence (1983). These "pain clinic" patients have also been described and compared to a variety of oro-facial pain patients by Speculand et al (1981, 1985) and Goss et al (1985).

The IBQ results from the present study have been set out below in a modified way in order to simplify the findings.

PRIMARY FACTORS:	Sections 1, 2, 4 & 5, found significant differences between the various TMJ Dysfunction groups in the following primary factors (See Appendix II):
General Hypochondriasis	TMJ Index of I or 0 V's II, (lower for II) Low V's high Depression, (higher for high) Low V's high Anxiety, (higher for high) Muscle Index II V's TMJ Index II, (Muscle higher)
	************
Disease Conviction	Low V's high Anxiety, (higher for high) Low V's high Depression, (higher for high) Muscle Index II V's TMJ Index II, (Muscle higher)
	************
Psychological V's Somatic Focusing	More than 40 V's less than 40, (less for older) Muscle Index II V's TMJ Index II, (Muscle lower)
	************
Affective Inhibition	Low V's high Depression, (higher for high)
	************
Affective Disturbance	Public V's Private, (public higher) More than 40 V's less than 40, (higher for older) Teeth Index II V's I or 0, (less teeth higher) TMJ Index of I or 0 V's II, (higher for I and 0) Low V's high Anxiety, (higher for high) Low V's high Depression, (higher for high) Muscle Index II V's TMJ Index II, (Muscle higher)
	*************
Denial	Teeth Index II V's I or 0, (less teeth higher) More V's less than 20 contacts, (less higher) Low V's high Anxiety, (higher for low) Muscle Index of I or 0 V's II, (higher for II)
	*************
Irritability	Teeth index II V's I or 0, (less teeth higher) Low V's high Depression, (higher for high) Low V's high Anxiety, (higher for high)

In general terms it could be said that the public and older patients as well as the anxious, depressed and Muscle groups had more of an Affective Disturbance (anxious and/or sad, and/or depressed) compared to private and younger patients. The groups with less teeth and contacts, and also the group with a high Muscle Index, seemed to be more inclined to deny life stresses and attribute their problems to the effects of their illness (in comparison to their respective opposite groups).

The older, more anxious and depressed groups (with less teeth) showed greater irritability or anger. The anxious and depressed groups were more convinced of the presence of disease. These groups also exhibited more phobic concern about their signs and symptoms of dysfunction.

SECONDARY FACTORS: AND WHITELEY INDEX:	Sections 1, 2, & 4 found significant differences between the TMJ Dysfunction groups in the following secondary factors (See Appendix II):

Affective State	High V's low Life Events, (higher for high) TMJ Index II V's I or 0, (higher for TMJ Index II) Low V's high Depression, (higher for high) Low V's high Anxiety, (higher for high) Muscle Index II V's TMJ Index II, (Muscle higher)

****

Disease Affirmation	More V's less 40 yrs, (higher for older) Muscle Index II V's I or 0, (higher for Muscle) Muscle Index II V's TMJ Index II, (Muscle higher) Low V's high Anxiety, (higher for high) Low V's high Depression, (higher for high)

****

Whiteley Index	TMJ Index II V's I or 0, (higher for TMJ Index II) Low V's high Depression, (higher for high) Low V's high Anxiety, (higher for high) Muscle Index II V's TMJ Index II, (Muscle higher)

****

Discriminant Function	More V's less 40 yrs, (higher for older) More V's less than 20 contacts, (higher for less) Muscle Index II V's I or 0, (higher for II) Muscle Index II V"s TMJ Index II, (Muscle higher)

The Discriminant Function was most obviously different for the older groups and also the higher Muscle Index group. This indicated that the older groups and the group with muscle problems were more inclined to "abnormal illness behaviour".

Other scores indicated a larger degree of hypochondriasis in the higher TMJ Index group (older) compared to the TMJ Dysfunction group with a lower TMJ Index. The Muscle Index II group was higher than the TMJ Index II group. The higher Depression and Anxiety groups also exhibited hypochondriasis.

The groups that were depressed, anxious,suffered from high Life Events or had a TMJ Index of II (older), all showed signs of an affective (mood) disorder.

The older TMJ Dysfunction group, the higher Muscle Index group, the depressed and anxious groups, all showed a tendency to assert the presence of disease.

It is worth noting that the higher depressed and the higher anxiety groups did not have an extraordinary Discriminant Function score.

PRIMARY FACTORS:	Section 2 and 5 found significant differences between the TMJ Dysfunction groups and their respective controls in the following primary factors:
General Hypochondriasis	TMJ more than 40 V's Controls, (TMJ higher) TMJ high Anxiety State V's Controls, (TMJ higher)
	************
Disease Conviction	Female public TMJ V's Controls, (TMJ higher) TMJ more than 40 V's Controls, (TMJ higher) All TMJ V's Controls, (TMJ higher) TMJ high Anxiety State V's Controls, (TMJ higher) TMJ low Anxiety State V's Controls, (TMJ highe) Low Life Events TMJ V's Controls, (TMJ higher) Low Depression TMJ V's Controls, (TMJ higher)
	************
Psychological V's Somatic Focusing	TMJ more than 40 V's Controls, (TMJ lower) All TMJ V's Controls, (TMJ lower) TMJ low Anxiety State V's Controls, (TMJ lower) Low Life Events TMJ V's Controls, (TMJ lower) Low Depression TMJ V's Controls, (TMJ lower)
	************
Affective Disturbance	Female public TMJ V's Controls, (TMJ higher) TMJ more than 40 V's Controls, (TMJ higher) All TMJ V's Controls, (TMJ higher) TMJ high Anxiety State V's Controls, (TMJ higher) TMJ low Anxiety State V's Controls, (TMJ higher) Low Life Events TMJ V's Controls, (TMJ higher) Low Depression TMJ V's Controls, (TMJ higher)
	************
Denial	TMJ less 40 yrs V's Controls, (TMJ higher)
	************
Irritability	Low Depression TMJ V's Controls, (TMJ higher)

The most common differences between these groups were the primary factors Disease Conviction, Affective Disturbance, and Psychological V's Somatic Focusing. Other factors found to be different were General Hypochondriasis, Denial, and Irritability. These latter factors became prominent mainly when age or anxiety were involved.

Overall, it was concluded that there was a definite difference with regard to psychological profiles between the TMJ Dysfunction groups and their respective controls. The TMJ Dysfunction group showed a tendency to be convinced that they had a disease problem, they were preoccupied with the symptoms, and were more likely to reject the clinician's reassurances. They tended to dismiss suggestions of a "psychiatric" basis for their problems and were affected by feelings of anxiety and sadness. As such they exhibited a profile closer to "abnormal illness behaviour" in comparison to the controls.

The overall results agreed with Speculand (1982) and Speculand et al (1983, 1985) with regard to the conclusion that Disease Conviction, and Affective Disturbance were different between the TMJ Dysfunction and control groups. Speculand reported considerably more differences in the Denial scale in his groups, whereas the present study found more difference with the Psychological V's Somatic Focusing scale. The exact reason for this could not be ascertained, but it may be a cultural phenomenon (Speculand used British patients, the present study was carried out in South Australia).

SECONDARY FACTORS AND WHITELEY INDEX	Section 2 and 5 found significant differences between the different TMJ Dysfunction groups and their respective controls in the following secondary factors:
Affective State	Female Public V's controls, (TMJ higher) All TMJ V's controls, (TMJ higher) Low Life Events V's controls, (TMJ higher) High Anxiety State TMJ V's controls, (TMJ higher) Low Depression TMJ V's Controls, (TMJ higher)
	************
Disease Affirmation	Female Public V's Controls, (TMJ higher) More 40 yrs V's Controls, (TMJ higher) All TMJ V's Controls, (TMJ higher) Low Life Events V's Controls, (TMJ higher) High Anxiety TMJ V's Controls, (TMJ higher) Low Anxiety TMJ V's Controls, (TMJ higher) Low Depression TMJ V's Controls, (TMJ higher)
	************
Discriminant Function	Female Public V's Controls, (TMJ higher) Less 40 yrs V's Controls, (TMJ higher) More 40 yrs V's Controls, (TMJ higher) All TMJ V's Controls, (TMJ higher) Low Life Events V's Controls, (TMJ higher) High Anxiety TMJ V's Controls, (TMJ higher) Low Anxiety TMJ V's Controls, (TMJ higher) Low Depression TMJ V's Controls, (TMJ higher)
	************
Whiteley Index	Female Public V's Controls, (TMJ higher) More 40 yrs V's Controls, (TMJ higher) All TMJ V's Controls, (TMJ higher) High Anxiety TMJ V's Controls, (TMJ higher)

Disease Affirmation and Discriminant Function were generally significantly higher for any TMJ Dysfunction group compared to their respective controls. Affective State and Whiteley Index were only sometimes significantly more for the TMJ groups (female public, all patients, low Depression, high Anxiety State). Thus it could be concluded that the TMJ Dysfunction groups were more inclined to an "abnormal illness behaviour" profile compared to their controls. This psychological profile extended (to some degree) to hypochondriasis if the groups were older or more anxious.

Whilst the higher Life Events and higher Depression groups were not distinguished by any of the above, it was concluded overall that the secondary factors were useful in identifying or clarifying the psychological profile of certain groups.

6. Concluding Discussion.

To fully appreciate the complexities of a multifactoral aetiology in causing diseas, it is helpful to understand the differentiation between "necessary" and "sufficient" and the distinctions that can be drawn between them. In the medical sense, some things are "necessary" but not "sufficient" to cause a disease process. An example is tuberculosis, where the respective bacillus is necessary to contract the disease, but is not sufficient (in its own right) to cause the disease, because other factors influence whether the disease will occur eg. host resistance. Some things are sufficient but not necessary to cause a problem. An example is that a fall that can be sufficient to break a leg, but it is not necessary to have a fall to obtain a broken leg. Yet other situations occur where disease is caused by an initiator that is both necessary and sufficient. An example is smallpox, where the contracted bacteria is both necessary and sufficient to cause the disease.

In relation to this project, and to TMJ Dysfunction, it was obvious that there was nothing "necessary and sufficient" to cause dysfunction. It also appeared that there was not any particular factor that was "necessary". For this reason, it was very difficult to locate any specific causative factors. The general conclusion was that many of the factors that were associated TMJ Dysfunction seemed to be "sufficient but not necessary".

The results of this study showed most definitely that the heterogeneity of the groups being analysed substantially influenced the results. Different results were obtained from the same data bank when different criteria were stipulated for individual groups. Many of the resultant correlations were not necessarily true in the reverse sense. Therefore, the indication was that TMJ Dysfunction (as a total syndrome) was multi-factoral in its origins and associated with a variety of factors. This alone can probably explain the vast diversity of results and findings that have been previously reported in the literature.

Although the total group of TMJ Dysfunction patients in this study were heterogeneous; by stipulation of specific criteria certain homogeneous groups could be identified. In very general terms, this study concluded that older TMJ Dysfunction patients were most likely to seek treatment due to an abnormal illness behaviour profile. Younger patients were less likely to be identified by any particular psychological profile, however they were most often subject to a very high Life Events history and this may well have been a contributory cause to acute TMJ Dysfunction.

Highly anxious or depressed patients (irrespective of age) also had a very abnormal illness behaviour profile with an associated phobic concern about their symptoms. This probably contributed to their seeking treatment. It should be remembered however that the highly depressed TMJ Dysfunction patients were not significantly different from their controls with regard to illness behaviour.

As such, the highly depressed patients should be placed in their own particular category or sub-group.

TMJ Dysfunction patients who were in a normal range of Anxiety and Depression were shown to have an abnormal illness behaviour profile compared to their controls. The indication was that it was this profile that influenced them to seek treatment. The higher Muscle Index group of patients also tended to have an abnormal illness behaviour profile compared to their TMJ Index counterparts. Therefore, the indication was that the Muscle group may have sought treatment for this reason, compared to the TMJ group which may have had more organic pathoses (in the joint/s).

Ultimately, these conclusions indicated that the astute clinician who deals with TMJ Dysfunction must have an open mind as to the aetiological causes of the syndrome and the methods of treatment.

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APPENDIX 1

SURVEY FORMS

HEALTH SURVEY

PART A

STATEMENT

All answers to the enclosed questions will be treated as STRICTLY CONFIDENTIAL. They are part of a general assessment of your own health. Eventually a pool of data will be formed that will assess the health of other members of the community.

GENERAL PARTICULARS

For Office use

1. Study Number ( ) ( )

   Case Note Number ....

2. Date of Birth ..../........../........ Age: ....( )

PLEASE CIRCLE "YES" or "NO" - whichever is appropriate

			For Office use
3.	Have you had toothaches recently?	YES/NO	( )
4.	Do you have one now?	YES/NO	( )
5.	Have you had neck aches recently?	YES/NO	( )
6.	Have you had headaches recently?	YES/NO	( )
7.	Have you had pain or aching elsewhere in your body recently?	YES/NO	( )
8.	What country were you born in?	....	( )
9.	Are you 1. Married?	YES/NO	
	2. Divorced?	YES/NO	
	3. De Facto Relationship?	YES/NO	
	4. Single?	YES/NO	
	5. Others.	YES/NO	( )
10.	What is your occupation?	....	( )

A.I.

31.	Do you have sounds in jaw joints when you open your mouth?	YES/NO	( )
32.	Does your jaw feel tired or fatigued when you open your mouth to chew food?	YES/NO	( )
33.	Do your jaw muscles feel stiff or tired when you wake up in the morning?	YES/NO	( )
34.	Does your jaw, or do your jaw muscles, feel stiff when you move your bottom jaw?	YES/NO	( )
41.	Do you have difficulties opening your mouth wide?	YES/NO	( )
42.	Do you ever have your jaw lock in place?	YES/NO	( )
43.	Do you ever have your jaw click loudly when you move it?	YES/NO	( )
44.	Do you have pain when moving your bottom jaw?	YES/NO	( )
45.	Do you have pain in your jaw muscles (eg: cheeks, temple)?	YES/NO	( )

If you have had, or now have pain in the jaw or jaw muscles; please answer the following:

For Office use

51.	Has the duration of the pain been more than 6 months?	YES/NO Not Applicable	( )
52.	How long ago did the pain commence (in months)?	.... Not Applicable	( )
53.	Have you had pain anywhere else?	YES/NO Not Applicable	( )
	If yes, give details: ________________ ________________		
54.	Have you been treated for jaw pain before?	YES/NO Not Applicable	( )
	If yes, when ________________ how ________________		
55.	Did the treatment work?	YES/NO Not Applicable	( )

On the following pages you will find a number of questions about your health and how it affects you. For the purpose of our survey it is important that you complete <u>every</u> question even though <u>some</u> of them <u>may not be</u> directly <u>applicable</u> to you. A.1.4.

I.B.Q.

Here are some questions about you and your illness. CIRCLE either YES or NO to indicate your answer to each question.

			For Office use
201.	Do you worry a lot about your health?	YES/NO	( )
202.	Do you think there is something seriously wrong with your body?	YES/NO	( )
203.	Does your illness interfere with your life a great deal?	YES/NO	( )
204.	Are you easy to get on with when you are ill?	YES/NO	( )
205.	Does your family have a history of illness?	YES/NO	( )
206.	Do you think you are more liable to illness than other people?	YES/NO	( )
207.	If the doctor told you that he could find nothing wrong with you, would you believe him?	YES/NO	( )
208.	Is it easy for you to forget about yourself and think about all sorts of other things?	YES/NO	( )
209.	If you feel ill and someone tells you that you are looking better, do you become annoyed?	YES/NO	( )
210.	Do you find that you are often aware of various things happening in your body?	YES/NO	( )
211.	Do you ever think of your illness as a punishment for something you have done wrong in the past?	YES/NO	( )
212.	Do you have trouble with your nerves?	YES/NO	( )
213.	If you feel ill, or worried, can you be easily cheered up by the doctor?	YES/NO	( )
214.	Do you think that other people realise what its like to be sick?	YES/NO	( )
215.	Does it upset you to talk to the doctor about your illness?	YES/NO	( )
216.	Are you bothered by many pains and aches?	YES/NO	( )
217.	Does your illness affect the way you get on with your family or friends a great deal?	YES/NO	( )
218.	Do you find that you get anxious easily?	YES/NO	( )
219.	Do you know anybody who has had the same illness as you?	YES/NO	( )
220.	Are you more sensitive to pain than other people?	YES/NO	( )
221.	Are you afraid of illness?	YES/NO	( )
222.	Can you express your personal feelings easily to other people?	YES/NO	( )
223.	Do people feel sorry for you when you are ill?	YES/NO	( )
224.	Do you think that you worry about your health more than most people?	YES/NO	( )
225.	Do you find that your illness affects your sexual relations?	YES/NO	( )
226.	Do you experience a lot of pain with your illness?	YES/NO	( )
227.	Except for your illness, do you have any problems in your life?	YES/NO	( )
228.	Do you care whether or not people realise you are sick?	YES/NO	( )

			For office use
229.	Do you find that you get jealous of other people's good health?	YES/NO	( )
230.	Do you ever have silly thoughts about your health which you can't get out of your mind, no matter how hard you try?	YES/NO	( )
231.	Do you have any financial problems?	YES/NO	( )
232.	Are you upset by the way people take your illness?	YES/NO	( )
233.	Is it hard for you to believe the doctor when he tells you there is nothing for you to worry about?	YES/NO	( )
234.	Do you often worry about the possibility that you have a serious illness?	YES/NO	( )
235.	Are you sleeping well?	YES/NO	( )
236.	When you are angry, do you tend to bottle up your feelings?	YES/NO	( )
237.	Do you often think that you might suddenly fall ill?	YES/NO	( )
238.	If a disease is brought to your attention (through radio, television, newspaper or someone you know) do you worry about getting it yourself?	YES/NO	( )
239.	Do you get the feeling that people are not taking your illness seriously enough?	YES/NO	( )
240.	Are you upset by the appearance of your face or body?	YES/NO	( )
241.	Do you find that you are bothered by many different symptoms?	YES/NO	( )
242.	Do your frequently try to explain to others how you are feeling?	YES/NO	( )
243.	Do you have any family problems?	YES/NO	( )
244.	Do you think there is something the matter with your mind?	YES/NO	( )
245.	Are you eating well?	YES/NO	( )
246.	Is your bad health the biggest difficulty of your life?	YES/NO	( )
247.	Do you find that you get sad easily?	YES/NO	( )
248.	Do you worry or fuss over small details that seem unimportant to others?	YES/NO	( )
249.	Are you always a co-operative patient?	YES/NO	( )
250.	Do you often have the symptoms of a very serious disease?	YES/NO	( )
251.	Do you find that you get angry easily?	YES/NO	( )
252.	Do you have any work problems?	YES/NO	( )
253.	Do you prefer to keep your feelings to yourself?	YES/NO	( )
254.	Do you often find that you get depressed?	YES/NO	( )
255.	Would all your worries be over if you were physically healthy?	YES/NO	( )
256.	Are you more irritable towards other people?	YES/NO	( )
257.	Do you think that your symptoms may be caused by worry?	YES/NO	( )
258.	Is it easy for you to let people know when you are cross with them?	YES/NO	( )
259.	Is it hard for you to relax?	YES/NO	( )
260.	Do you have personal worries which are not caused by physical illness?	YES/NO	( )
261.	Do you often find that you lose patience with other people?	YES/NO	( )
262.	Is it hard for you to show people your personal feelings?	YES/NO	( )
263.	Are you less than 40 years of age?	YES/NO	( )

S.S. TEST

DIRECTIONS: Read each statement and then tick to indicate how you feel RIGHT NOW, that is, AT THIS MOMENT. There are no right or wrong answers. Do not spend too much time on any one statement but give the answer which seems to describe your PRESENT feelings best.

		NOT AT ALL	SOMEWHAT	MODERATELY SO	VERY MUCH SO	For offic use
301.	I feel calm.					( )
302.	I feel secure.					( )
303.	I am tense.					( )
304.	I am regretful.					( )
305.	I feel at ease.					( )
306.	I feel upset.					( )
307.	I am presently worrying over possible misfortunes.					( )
308.	I feel rested.					( )
309.	I feel anxious.					( )
310.	I feel comfortable.					( )
311.	I feel self confident.					( )
312.	I feel nervous.					( )
313.	I am jittery.					( )
314.	I feel high strung.					( )
315.	I am relaxed.					( )
316.	I feel content.					( )
317.	I am worried.					( )
318.	I feel over-excited and rattled					( )
319.	I feel joyful.					( )
320.	I feel pleasant.					( )

S.T. TEST

DIRECTIONS: Read each statement and then tick to indicate how you GENERALLY FEEL. There are no right or wrong answers. Do not spend too much time on any one statement, but give the answer which seems to best describe how you GENERALLY FEEL.

		ALMOST NEVER	SOMETIMES	OFTEN	ALMOST ALWAYS	For office use
321.	I feel pleasant					( )
322.	I tire quickly.					( )
323.	I feel like crying.					( )
324.	I wish I could be as happy as others seem to be.					( )
325.	I am losing out on things because I can't make up my mind soon enough.					( )
326.	I feel rested.					( )
327.	I am calm, cool and collected.					( )
328.	I feel that difficulties are piling up so that I cannot overcome them.					( )
329.	I worry too much over something that doesn't really matter.					( )
330.	I am happy.					( )
331.	I am inclined to take things hard.					( )
332.	I lack self confidence.					( )
333.	I feel secure.					( )
334.	I try to avoid facing a crisis or difficulty.					( )
335.	I feel blue.					( )
336.	I am content.					( )
337.	Sometimes unimportant thought/s run through my mind and bother me.					( )
338.	I take dissappointments so keenly that I can't put them out of my mind.					( )
339.	I am a steady person.					( )
340.	I get into a state of tension or turmoil as I think over my recent concerns and interests.					( )

Z. TEST

A.1.8.

DIRECTIONS: Read each statement and then tick to indicate how you GENERALLY FEEL. There are no right or wrong answers. Do not spend too much time on any one statement, but give the answer which seems to best describe how you GENERALLY FEEL.

		A LITTLE OF THE TIME	SOME OF THE TIME	GOOD PART OF THE TIME	MOST OF THE TIME	For Offi use
341.	I feel down-hearted and blue.					( )
342.	Morning is when I feel the best.					( )
343.	I have crying spells or feel like it.					( )
344.	I have trouble sleeping at night.					( )
345.	I eat as much as I used to.					( )
346.	I still enjoy sex.					( )
347.	I notice that I am losing weight.					( )
348.	My heart beats faster than usual.					( )
349.	I have trouble with constipation.					( )
350.	I get tired for no reason.					( )
351.	My mind is as clear as it used to be.					( )
352.	I find it easy to do the things I used to.					( )
353.	I am restless and can't keep still.					( )
354.	I feel hopeful about the future.					( )
355.	I am more irritable than usual.					( )
356.	I find it easy to make decisions.					( )
357.	I feel that I am useful and needed.					( )
358.	My life is pretty full.					( )
359.	I feel that others would be better off if I were dead.					( )
360.	I still enjoy the things I used to do.					( )

L.E. QUESTIONS

Every Question will have a list of years like this:-

1981 1982 1983 1984

(a) Think back and decide whether the question applied to you in any of these years. If so, mark an X under each and every year when it applied.

(b) Each question has a space for you to say if it did not apply. If you are sure it does not characterise your life during any of these years, then make an X where it says "Does not apply ________"

(c) If you are doubtful at all, then make up your mind that it does apply.

(d) Answer as well as you can. If you are not sure of the year, don't worry. You will not be more than a year or so off, and the main thing is to spot whether it was a short time ago or quite a while back.

(e) Answer every question.

use 3 digi

For Offic use

400. Mark under the years where there has been either a lot less, or a lot more trouble with the boss:

1981 1982 1983 1984

Does not apply ________ ( )

401. Mark under the years where your usual sleeping pattern has changed (sleeping a lot more or a lot less, or change in part of day when asleep):

1981 1982 1983 1984

Does not apply ________ ( )

402. Mark under the years where your eating habits were changed (either a lot more or a lot less eating, or very different meal hours, or surroundings):

1981 1982 1983 1984

Does not apply ________ ( )

403. Mark under the years that there have been major changes in your personal habits (your dress, manner, etc):

1981 1982 1983 1984

Does not apply ________ ( )

404. Mark under the years that there have been major changes in your usual amount and/or type of recreation:

1981 1982 1983 1984

Does not apply ________ ( )

use 3 digits

For Office use

405. Mark under the years where there have been substantial changes in your usual social activities (clubs, dancing, movies, visiting, etc).

1981 1982 1983 1984

Does not apply ____________ ( )

406. Mark under the years where there have been major changes in your church activity (either a lot more or a lot less, or a change in religion):

1981 1982 1983 1984

Does not apply ____________ ( )

407. Mark under the years where there have been substantial changes in family get-togethers (picnics, holidays, etc):

1981 1982 1983 1984

Does not apply ____________ ( )

408. Mark under the years where you have had either a lot more or a lot less financial problems:

1981 1982 1983 1984

Does not apply ____________ ( )

409. Mark under the years where you have had either a lot more or a lot less "in-law" troubles:

1981 1982 1983 1984

Does not apply ____________ ( )

410. Mark under the years where you had either a lot more or a lot less arguments with your spouse (over child-rearing, personal habits, etc):

1981 1982 1983 1984

Does not apply ____________ ( )

411. Mark under the years where you had either a lot more, or a lot less sexual problems:

1981 1982 1983 1984

Does not apply ____________ ( )

NOTICE: FOR THE REST OF THE QUESTIONS, USE NUMBERS TO ANSWER.

Every question asks you for the number of times in a year that something happened.

use 3 digits

For Office use

412. List the number of times each year that you experienced major illness, injury or major health change (eg: pregnancy, menopause, large weight change, etc.):

1981 1982 1983 1984

_______________ Does not apply _______ ( )

413. List the number of times each year that you lost a close family member (other than spouse) by death:

1981 1982 1983 1984

_______________ Does not apply _______ ( )

414. List the number of times you have lost a spouse by death:

1981 1982 1983 1984

_______________ Does not apply _______ ( )

415. List the number of times each year you have lost a close friend by death:

1981 1982 1983 1984

_______________ Does not apply _______ ( )

416. List the number of times you have had a marital reconciliation:

1981 1982 1983 1984

_______________ Does not apply _______ ( )

417. List the number of times each year that you have had a pregnancy:

1981 1982 1983 1984

_______________ Does not apply _______ ( )

418. List the number of times each year that you have gained a new family member (birth of a child, adoption, old person moving in, etc):

1981 1982 1983 1984

_______________ Does not apply _______ ( )

419. List the number of times each year that there have been major changes in the health or behaviour of a family member:

1981 1982 1983 1984

_______________ Does not apply _______ ( )

420. List the number of times each year that you have changed place of residence:

1981 1982 1983 1984

_______________ Does not apply _______ ( )

421. List the number of times each year that you have been in jail or some other place of detention:

Use 3 digits

For Office use

1981 1982 1983 1984

Does not apply ______ ( )

422. List the number of times each year that you have been guilty of minor violations of the law (disturbing the peace, traffic tickets, etc):

1981 1982 1983 1984

Does not apply ______ ( )

423. List the number of times each year that you have undergone major change in regards to business (merger, bankruptcy, reorganisation, etc):

1981 1982 1983 1984

Does not apply ______ ( )

424. List the number of times each year that you were married:

1981 1982 1983 1984

Does not apply ______ ( )

425. List the number of times each year that you were divorced:

1981 1982 1983 1984

Does not apply ______ ( )

426. List the number of times each year that you had a marital separation:

1981 1982 1983 1984

Does not apply ______ ( )

427. List the number of times each year that you have achieved special success (championships, awards, notable accomplishments, etc):

1981 1982 1983 1984

Does not apply ______ ( )

428. List the number of times each year that a son or daughter has married or moved out of home:

1981 1982 1983 1984

Does not apply ______ ( )

429. List the number of times each year that you have retired:

1981 1982 1983 1984

Does not apply ______ ( )

430. List the number of times each year that there have been unusual changes in working hours or conditions:

1981 1982 1983 1984

Does not apply ______ ( )

431. List the number of times each year that you have experienced a change in responsibilities at work (promotions, demotions, transfers, etc): Use 3 digits

For Office use

1981 1982 1983 1984

_______________ Does not apply _______ ( )

432. List the number of times each year that you have been fired:

1981 1982 1983 1984

_______________ Does not apply _______ ( )

433. List the number of times each year that your living conditions have substantially changed (remodelling, building, additions, decoration of home, etc):

1981 1982 1983 1984

_______________ Does not apply _______ ( )

434. List the number of times each year that your wife started and/or ceased working outside the home (employment, volunteer work, study, etc):

1981 1982 1983 1984

_______________ Does not apply _______ ( )

435. List the number of times each year that you took on a new mortgage or loan greater than $20,000 (financing a home, a business, etc):

1981 1982 1983 1984

_______________ Does not apply _______ ( )

436. List the number of times each year that you took on a new mortgage or loan less than $20,000 (new car, T.V., freezer, etc):

1981 1982 1983 1984

_______________ Does not apply _______ ( )

437. List the number of times each year that you have experienced a foreclosure on a mortgage or loan:

1981 1982 1983 1984

_______________ Does not apply _______ ( )

438. List the number of times each year that you have had a holiday of 2 weeks or more:

1981 1982 1983 1984

_______________ Does not apply _______ ( )

439. List the number of times each year that you changed schools or teaching institutions:

1981 1982 1983 1984

_______________ Does not apply _______ ( )

440. List the number of times each year you changed to a new line of work:

Use 3 digits

For Office use

1981 1982 1983 1984

________________________________Does not Apply ______ ( )

441. List the number of times each year you have either begun or quite formal schooling :

1981 1982 1983 1984

________________________________Does not Apply ______ ( )

442. List the number of times each year when the pain in the jaw or jaw joint became so bad that you had to seek professional help for the pain:

1981 1982 1983 1984

________________________________Does not Apply ______ ( )

HEALTH SURVEY

Part B

ASSESSOR'S QUESTIONNAIRE

GENERAL PARTICULARS

For office use

1. Study Number ( ) ( )

Case Note Number ....

Patient's Name ....

2. Date of Birth: ..../......../......... Age: .... ( )

Date Examined ..../......../.........

Address ....

....

....

Phone Number ....

CLINICAL COMMENTS

CLINICAL INDEX

IMPAIRED RANGE OF MOVEMENT

ASSESSMENT

use 2 digits

For Office use

61. Maximum opening: between edges of incisors

greater than 40mm	Score:	(0)	
30 - 39mm		(1)	
Less than 30mm		(5)	( )

62. Maximum lateral movement to right: (from points of incisors)

greater than 7mm	Score:	(0)	
4 - 6mm		(1)	
0 = 3mm		(5)	( )

63. Maximum lateral movement to left: (from position incisors)

greater than 7mm	Score:	(0)	
4 - 6mm		(1)	
0 - 3mm		(5)	( )

64. Maximum protrusion: (from points on incisors)

greater than 7mm	Score:	(0)	
4 - 6mm		(1)	
0 - 3mm		(5)	( )

65. TOTAL= ( )

If total 0 - normal - score (0)
If total 1 - 4 = slightly impaired - score (1)
If total 5 - 20 = severe impaired - score (5)

66. PATIENT'S SCORE: ( )

PAIN ON MOVEMENT

MOVEMENTS

- opening full range
- right and left full lateral movement
- full protrusive

ON MOVEMENT

SCORE: (0) for no pain
(1) for pain on one movement
(5) for pain on two or more movements

use 1 digit

For Office use

71. SCORE: ( )

IMPAIRED FUNCTION OF T.M.J.

SCORE:

(0) Jaw opened and closed in straight path less than 2mm deviation

AND

No abnormal T.M.J. sounds heard with a stethescope. ( )

80. (1) Lateral deviation greater than 2mm on opening and closing

OR

Any abnormal T.M.J. sounds heard with a stethescope. ( )

82. (5) Locking of T.M.J. or luxation during opening and closing on an excursive movement ( )

83. PATIENT'S SCORE: ( )

TEMPORO - MANDIBULAR - JOINT PAIN (Register only clear reactions).

- Palpate from external side
- Palpate from via external auditory meatus.

- tender joint	If NO score (0)	
- external palpation was tender (uni and bilateral)	If YES score(1)	
- palpation via the external auditory meatus was tender (uni and bilateral)	If YES score(5)	use 1 digit
91.	SCORE =	( )

MUSCLE PAIN (Register only clear pain either bilateral or unilateral)

Palpate - Bilateral — Score 0 for no pain, 1 for pain

101.	Masseter (profound) about ½" from T.M.J. just below zygomatic arch.	( )
102.	Masseter (superficial).	( )
103.	Temporal (posterior) 1" up from post border of ear.	( )
104.	Temporal (anterior) 1" up from post eyebrow.	( )
105.	Temporal (insert coronoid process).	( )
106.	Lateral pterygoid.	( )
107.	Medial pterygoid (extra oral and intraoral).	( )

SCORE:

(0) if none tender = 0

(1) if 1 - 3 tender areas

(5) if 4 or more tender areas =4 or more YES.

108. SCORE = ( )

109. (1) Typical T.M.J. Dysfunction (some masticatory muscles or joint, clicking joints, locking or limitation of jaw movements.)

(2) T.M.J. Dysfunction with other muscular skeletal dysfunction problems.

(3) Atypical Facial Pain.

(4) Dental pain problems. ( )

MISSING AND REPLACED TEETH (From O.P.G. and from examination)

Are the following teeth missing?

			For Office use
111.	1┘	YES/NO	( )
112.	2┘	YES/NO	( )
113.	3┘	YES/NO	( )
114.	4┘	YES/NO	( )
115.	5┘	YES/NO	( )
116.	6┘	YES/NO	( )
117.	7┘	YES/NO	( )
118.	8┘	YES/NO	( )

119. How many teeth replaced ( ) use 2 digits

121.	└1	YES/NO	( )
122.	└2	YES/NO	( )
123.	└3	YES/NO	( )
124.	└4	YES/NO	( )
125.	└5	YES/NO	( )
126.	└6	YES/NO	( )
127.	└7	YES/NO	( )
128.	└8	YES/NO	( )

129. How many teeth replaced ( ) use 2 digits

131.	┌1	YES/NO	( )
132.	┌2	YES/NO	( )
133.	┌3	YES/NO	( )
134.	┌4	YES/NO	( )
135.	┌5	YES/NO	( )
136.	┌6	YES/NO	( )
137.	┌7	YES/NO	( )
138.	┌8	YES/NO	( )

139. How many teeth replaced ( ) use 2 digits

use 2 digits

			For Office use
141.	1┐	YES/NO	( )
142.	2┐	YES/NO	( )
143.	3┐	YES/NO	( )
144.	4┐	YES/NO	( )
145.	5┐	YES/NO	( )
146.	6┐	YES/NO	( )
147.	7┐	YES/NO	( )
148.	8┐	YES/NO	( )

149. How many teeth replaced ( ) use 2 digits

150. Number of teeth contacts (maxium 32 from O.P.G.) ( ) use 2 digits

RADIOGRAPHIC INDEX O.P.G. taken: YES/NO

SCORING

use 1 digit

0 - none

1 - mild

3 - severe

		RIGHT		LEFT
Osteophyte	151	( )	152	( )
Erosion	153	( )	154	( )
Flattening	155	( )	156	( )
Sclerosis	157	( )	158	( )
Concavity	159	( )	160	( )
Sub Cortical Cyst	161	( )	162	( )

TOTAL: ( )

Pain 163 RIGHT ( ) 164 LEFT ( )

JAW EXERCISES

Give both jaw joints preliminary warmth with a protected hot watter bottle applied to first one joint, then the other for 5 minutes on each side before commencing exercises.

1. Reflex opening exercise; partly open mouth against hand pressure on chin for 15 seconds; swallow inorder to relax, then open smoothly and widely without deviation, supporting both jaw joints with light finger pressure.

2. Right sideway movement, Support first the left jaw joint with fingers of the left hand and place the right hand against the side of the right jaw; open with a sideways swing to the right against firm pressure from the right hand.

3. Do the left sideway movement exercise on the opposite side.

Do each exercise in turn and then repeat the whole series five times three times a day for three weeks. Exercises can then be gradually reduced to twice a day, once a day, three times a week etc. until completely free of pain.

REMEMBER: Muscles can be coaxed, but not driven:

Initially some soreness will eventuate, however this will subside after about one week.

JAW EXERCISE
(For Clicking Joint)

This exercise should first be practised in front of a mirror, and performed with the mouth lightly closed and the teeth touching. By learning the essential exercise in this way you will feel the contractions of the muscles beneath the chin and see the actual contractions in the mirror.

PROCEDURE:

1. *Place clasped hands behind the back of the head to provide a "headrest".*
2. *Contract the muscles under the chin that are connected to the neck by attempting to pull the chin back into the neck; the teeth should be kept lightly touching until the exercise is second nature and can be done without thinking. The jaw does not actually move back but you will feel a definite sense of tension in the muscles and around the jaw joints. The exercise should be done for three minutes, three times a day for three weeks, and then gradually reduced as directed by the clinician.*
3. *Once the basic exercise (2. above)is completely mastered, it should be done with gradual mouth-opening movements, keeping the chin held back firmly as the mouth is opened. Day by day the extent of mouth opening should be gradually increased, always with the jaw retruded.*
4. *Gradually increase the extent of the opening until the mouth can be opened wide, always with the muscles under the chin contracted. Keep practising the exercise until you can make spontaneous chewing and mouth-opening movements with out clicking of the joint.*

FORM E

THE UNIVERSITY OF ADELAIDE
BOX 498, G.P.O., ADELAIDE, SOUTH AUSTRALIA 5001

February 1985

Dear

In 1984 I treated you for face or jaw joint problems. You may recall that at that time you filled in a lengthy questionnaire as part of your treatment and also as part of a research investigation.

I would now greatly appreciate it if you could complete the attached form which will complete the research project.

This form is brief and I enclose a stamped addressed envelope to minimize any inconvenience to you.

Thanking you in anticipation.

Alastair N. Goss
DDSc, FRACDS, DOS
Senior lecturer in Oral Surgery

Telephone: (08) 228 5333 Telegraphic Address: UNIVAD Telex UNIVAD AA 89141

FORM E

A.1.24

THE UNIVERSITY OF ADELAIDE

BOX 498, G.P.O., ADELAIDE, SOUTH AUSTRALIA 5001

Please address correspondence to

.......March, 1985.

Dear ....,

You would probably remember that a few weeks ago I sent you a letter and form in the mail. The form was part of a study being conducted by me. As yet I have not received your reply.

With this in mind I have taken the liberty to send you another form and self addressed envelope for you to fill in and send to me. I would emphasise that your reply is important to the study that is being carried out. The results of the study will aid in treatment of patients with facial pain in the future.

As such I would very much appreciate it if you could fill in the enclosed form and post it to me as soon as possible.

Yours sincerely,

Alastair N. Goss.
Senior Lecturer in Oral Surgery.

FORM E

ATTACHED FORM

PLEASE CIRCLE THE APPROPRIATE CATEGORY

1. On completion of treatment in 1984:

The pain was; completely better / better / same / worse / not applicable
The jaw clicking was; completely better / better / same / worse / not applicable
The jaw locking was; completely better / better / same / worse / not applicable

2. At the present time (February 1985):

The pain is; completely better / better / same / worse / not applicable
The jaw clicking is; completely better / better / same / worse / not applicable
The jaw locking is; completely better / better / same / worse / not applicable

3. Comments:

OFFICE USE ONLY

1. Number
2. First examined
3. Discharged
4. Treatment

APPENDIX 11

ILLNESS BEHAVIOUR MANUAL

MANUAL FOR THE

ILLNESS BEHAVIOUR QUESTIONNAIRE (IBQ)

SECOND EDITION

I. PILOWSKY AND N. D. SPENCE

Enquiries: Professor I. Pilowsky
University of Adelaide
Department of Psychiatry
Adelaide
South Australia, 5000.

TABLE OF CONTENTS

INTRODUCTION

The Illness Behaviour Questionnaire (IBQ) was developed as a self-report instrument to record aspects of illness behaviour (see Appendix A), particularly those attitudes that suggest inappropriate or maladaptive modes of responding to one's state of health (Pilowsky, 1971). The questionnaire provides a measure of seven aspects of illness behaviour (see p.3):

General hypochondriasis (Scale 1)
Disease conviction (Scale 2)
Psychological vs somatic concern (Scale 3)
Affective inhibition (Scale 4)
Affective disturbance or dysphoria (Scale 5)
Denial (Scale 6) and
Irritability (Scale 7).

The purpose of this manual is to outline the development of the IBQ and to provide information regarding norms, utility, reliability and validity which will assist users in future applications of the questionnaire.[1]

The notion of "abnormal illness behaviour" (Pilowsky, 1969) is based on the concept of illness behaviour formulated by Mechanic (1962). Mechanic's concept of "illness behaviour" refers to the ways in which symptoms may be differentially perceived, evaluated and acted (or not acted) upon. The concept of abnormal illness behaviour (AIB) provides a convenient framework in which to consider a number of syndromes (e.g. hypochondriasis, conversion reaction, neurasthenia) where there is a fundamental discrepancy between the objective pathology present and the patient's response to it (Pilowsky, 1978). The IBQ developed from earlier work aimed at clarifying the dimensions of one of these syndromes (viz. hypochondriasis) by the use of a questionnaire approach.

THE WHITELEY INDEX OF HYPOCHONDRIASIS

Previous self-report measures of hypochondriacal attitudes (e.g. MMPI) were based mainly on a symptomatic approach and grouped responses in clusters of physical symptoms. In an attempt to broaden the understanding of hypochondriasis and produce responses more in keeping with clinical experience, Pilowsky (1967) formulated 20 self-report items by analysing definitions of hypochondriasis supplied by 100 medical, nursing and ancillary staff of a large public hospital using Ravens' method of comparative matching. Fourteen (14) of these items (Appendix B, Table 1) discriminated significantly between groups of diagnosed hypochondriacal and non-hypochondriacal psychiatric patients. The 14 items (called the "Whiteley Index") were scored in favour of a hypochondriacal response. Means of standard deviations for several clinical populations, both hypochondriacal and non-hypochondriacal, and for "normals" are presented in Appendix B (Table 2).

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[1] The authors would like to acknowledge the assistance of Mary Katsikitis, B.A.(Hons.), in collating and analysing much of this IBQ material.

WHITELEY INDEX FACTOR ANALYSIS

Principal component analysis with orthogonal rotation, of the responses to the Whiteley Index by a group of psychiatric patients yielded three meaningful factors (Appendix B, Table 3). The first factor grouped items dealing with symptoms of somatic concern and was described as "bodily preoccupation". Factor 2, referred to as a combination of "disease phobia" and the type of insight which often accompanies such fears, contains items which describe a hypochondriacal response in which the person asks for reassurance about conditions which he will often admit he does not really believe he is suffering from. Factor 3 incorporated the type of hypochondriasis which is characterised by a firm conviction of the presence of serious pathology, accompanied by a paranoid attitude to relatives and medical personnel (Pilowsky, 1967).

ILLNESS BEHAVIOUR QUESTIONNAIRE - (52 ITEM)

While the Whiteley Index reliably measured hypochondriacal attitudes and provided some elementary dimensions of illness behaviour, it did not cater for broader aspects of response to illness. Additional items were therefore added to evaluate areas of affect, ideation and behaviour which seemed relevant to clinical observations of abnormal illness behaviour. The resultant 52 items (incorporating the Whiteley Index) dealt primarily with the person's attitudes and feelings about his illness, his perception of the reactions of significant others (including his doctors) to himself and his illness, and the patient's own view of his current psychosocial situation.

52-ITEM FACTOR ANALYSIS

Responses to this "Illness Behaviour Questionnaire" were obtained from 100 consecutive patients referred for management of intractable pain to the Pain Clinic or the psychiatric service of a large metropolitan hospital (Pilowsky and Spence, 1975). It was considered that because of the heterogeneous nature of the pain clinic population that such a group would provide a wide range of illness behaviours and a rich source for the investigation of abnormal illness behaviour.

The responses obtained were factor analysed using principal component factoring with iteration, and orthogonal rotation according to Kaiser's vaximax criterion. Using the criterion that at least two items should load higher than .40 on each factor, 7 meaningful dimensions were isolated (Appendix C, Table 1). Explanations of the derived factors are discussed in Pilowsky and Spence (1975), and can be described*as follows:

*The description takes into account the items added to the 62-item IBQ (p.4).

1. GENERAL HYPOCHONDRIASIS. A general factor marked by phobic concern about one's state of health. Associated with a high level of arousal or anxiety and with some insight into inappropriateness of attitudes. A high score also suggests an element of interpersonal alienation, but one that is secondary to the patient's phobic concern.

2. DISEASE CONVICTION. Characterised by affirmation that physical disease exists, symptom preoccupation, and rejection of the doctor's reassurance.

3. PSYCHOLOGICAL vs SOMATIC PERCEPTION OF ILLNESS. A high score indicates that the patient feels somehow responsible for (and in fact deserves) his illness, and perceives himself to be in need of psychiatric rather than medical treatment. A low score indicates a rejection of such attitudes and a tendency to somatise concerns.

4. AFFECTIVE INHIBITION. A high score indicates difficulty in expressing personal feelings, especially negative ones, to others.

5. AFFECTIVE DISTURBANCE. Characterised by feelings of anxiety and/or sadness.

6. DENIAL. A high score indicates a tendency to deny life stresses, and to attribute all problems to the effects of illness.

7. IRRITABILITY. Assesses the presence of angry feelings, and interpersonal friction.

These seven factors can be used to measure individual differences in illness behaviour. By allocating a score of one for those items believed to indicate "abnormal" or maladaptive illness behaviour, high scores on all factors except psychological perception, can be interpreted as suggesting unusual perception, evaluation, or action in relation to one's health.

The profile of mean scores (Appendix C, Table 2), for the 100 pain patients thus studied, leads to the following description of their illness behaviour:

"They show little phobic concern about their pain though they are convinced that they do have some sort of organic pathology and are preoccupied with their symptoms. Accordingly, they firmly reject any suggestion that their pain is the result of psychological factors. A substantial proportion of them admit, however, that they have difficulty in expressing their feelings (especially those of anger) to other people. Many also describe themselves as being sad or anxious, though presumably they would explain this as being a result of their pain.

These particular patients also showed a definite reluctance to acknowledge any life problems, a reaction which may be interpreted as being conducive to conversion. Certainly it is consistent with the use of somatization as a coping style. Finally, some patients showed evidence of irritability and interpersonal friction (again attributed to their pain), a finding that supports the contention that the management of some pain patients, especially younger ones, must utilise attempts at social integration and self-control just as much as relief from pain" (Pilowsky and Spence, 1975).

52-ITEM IBQ-COMPARATIVE STUDIES

With the isolation of seven meaningful dimensions of illness behaviour and their use in describing pain patients, attention was directed toward using the IBQ to detect differences in response to illness in other clinical populations. Comparative studies were undertaken (Pilowsky and Spence, 1976; 1977) using groups of pain clinic patients, outpatients attending rheumatology, radiotherapy, pulmonary and physiotherapy clinics with pain as a prominent symptom, and general practice patients. The mean score for each IBQ scale for each population is given in Appendix C (Table 2). Testing (Mann-Whitney U test) indicated significant difference ($p<.05$) between the pain and hospital outpatient groups in terms of Scale 2 (Disease conviction) and Scale 7 (Irritability). The latter difference disappears when the age component is excluded from the scale, however, as the two populations differ in terms of age. The profiles of the pain and general practice patients were more discrepant, with the two groups differing significantly in terms of Scale 1 (General hypochondriasis), Scale 2 (Disease conviction), and Scale 3 (Psychological vs somatic perception of illness) and Scale 6 (Denial).

62-ITEM IBQ

It was considered that with an addition of items to some areas of the IBQ it would provide a more reliable appraisal of the dimensions of abnormal illness behaviour.

Ten items were added to the following scales: Psychological vs Somatic perception of illness (Scale 3, item 57), Denial (Scale 6, items 55, 60), Irritability (Scale 7, items 56, 61), Affective Disturbance (Scale 5, items 54, 59) and Affective inhibition (Scale 4, items 53, 58, 62).

Responses to the 62-item IBQ were obtained from pain clinic and family-general practice groups in two large cities (Adelaide, South Australia, and Seattle, Washington). The representation of mean scale scores (Appendix D, Figures 1 and 2) indicates a similar profile for the two pain populations despite their geographic separation. In addition, the descriptions that the profiles provide are consistent with earlier work based on the 52-item IBQ.

IBQ APPLIED TO VARIOUS POPULATIONS

While the IBQ was initially employed to delineate patterns of abnormal illness behaviour in pain clinic patients, it is receiving increased use in the identification of patterns of illness responses in other patient populations. Additional major factor-analytic studies have been undertaken with groups of myocardial infarction and suspected myocardial infarction patients (Byrne and Whyte, 1978), patients about to have coronary artery by-pass surgery (Pilowsky, Spence and Waddy, 1979) and general practice patients.

All factor analyses reported below were undertaken using principal component factoring with iteration, orthogonal rotation according to Kaiser's varimax criterion, and selection of meaningful factors from those that had at least two item loadings greater than .40.

MYOCARDIAL INFARCTION PATIENTS (BYRNE AND WHYTE, 1978)

Responses to the IBQ, obtained from 120 survivors of myocardial infarction were factor analysed. Eight (8) meaningful factors (Appendix D, Table 1) were extracted. The factors were characterised as follows:

Factor 1 was labelled "Somatic concern" and contained items in relation primarily to one's own health.

Factor 2 labelled "Psychosocial precipitants" was characterised by 6 items relating to the recognition that personal, social and financial worries prior to illness may have contributed to the present episode.

Factor 3 containing 3 items suggested an affective response to illness was labelled "Affective disruption".

Factor 4 was characterised by two items indicating difficulty in expressing personal feelings and was labelled "Affective inhibition".

Factor 5 labelled "Illness recognition" had three items indicating a recognition by the patient of the presence of serious illness.

Factor 6 was characterised by three items suggesting the experience of subjective tension and was thus "Subjective tension".

Factor 7 was described by items indicating recognition and acceptance of the sick role and labelled "Sick role acceptance".

Factor 8 had two items suggesting acceptance of medical reassurance and was labelled "Trust in the doctor".

CORONARY ARTERY BY-PASS SURGERY PATIENTS (PILOWSKY, SPENCE AND WADDY, 1979)

One-hundred-and-twenty-two patients completed the IBQ one week prior to coronary artery by-pass surgery. The responses were factor analysed and 11 meaningful factors derived (Appendix D, Table 2).

Factor 1 deals with the patient's readiness to acknowledge presence of problems other than illness and was labelled "Denial".

Factor 2 labelled "Disease conviction" contains items concerned with attitudes towards the possibility of illness and the degree of attention to bodily sensation and feelings.

Factor 3 called "Affective inhibition" has items dealing with the ability to communicate personal feelings, particularly negative ones, to others.

Factor 4 called "Irritability" is based on the degree of friction reported in social interactions.

Factor 5 termed "Disease phobia" involves items which point to a fear of illness, rumination about which is recognised to be irrational and not shown by other people.

Factor 6 contains items suggesting some degree of alienation whereby others do not understand the special significance of being sick for the individual and was labelled "Interpersonal discord".

Factor 7 called "Responsiveness to reassurance" has two items relating to the individual's capacity to gain some consolation from professional advice and support.

Factor 8 called "Illness vulnerability" has items which imply the individual is permanently at risk.

Factor 9 with items concerning the acknowledgement of anxiety and depression was described as "Affective disturbance".

Factor 10 called "Health concern" suggests a degree of interest in one's health that is acknowledged to be unusual.

Factor 11 which taps "Pain-related illness anxiety" has items which deal not only with anxiety over illness per se but also with a perceived vulnerability to pain.

GENERAL PRACTICE PATIENTS

Nine factors containing two or more items with loadings >.40 were obtained in a factor analysis (unpublished) of IBQ responses of 150 general practice patients (Appendix D, Table 3).

Factor 1 contains five items concerning the acknowledgement of anxiety or over-concern.

Factor 2 indicates a preoccupation with health problems.

Factor 3 is concerned with the presence of life-problems and is equivalent to Scale 6 of the IBQ (Denial).

Factor 4 is characterised by a phobic concern about one's state of health similar to Scale 1 of the IBQ (General hypochondriasis) but without the element of interpersonal discord.

Factor 5 is concerned with the patient's ability to express feelings and is similar to Scale 4 of the IBQ (Affective inhibition) but deals primarily with interpersonal expression of affect.

Factor 6 deals with somatic concern and the effects of illness.

Factor 7 is delineated by four items indicating a concern that others do not understand the significance of illness for the patients and is similar to "Interpersonal discord" of the coronary artery by-pass patients.

Factor 8 reflects a degree of personal isolation associated with illness.

Factor 9 indicates over-concern with thoughts of illness, which is recognized by the person as unusual or "abnormal".

SECOND ORDER FACTORS

Factor analysis of scores on the 7 IBQ scales has generated two second order factors. These group the "affective" scales and the "disease affirmation" scales. Thus the IBQ can also provide measures of more global aspects of abnormal illness behaviour. Measures of "Affective State" and "Disease Affirmation" were obtained through factor analysis of the seven scale (profile) scores of the IBQ and 100 pain patients. Table 4 (Appendix D) shows the significant scales (loading >.4) for the rotated solution.

Composite scores for Affective State (Factor 1) is a simple addition of scale score for the contributing scale, i.e. Factor 1 = Scale 1 + Scale 5 + Scale 7.

An index of Disease Affirmation (Factor 2) is obtained by the sum of the scores for Scale 2 (Disease conviction) plus Scale 3 (Psychological vs somatic preoccupation) scored in favour of somatic concern, i.e. Factor 2 = Scale 2 + (5 - Scale 3).

The two second order factors provide extra information regarding the nature of the illness behaviour of pain, general practice and psychiatric populations. Mean scores for the three populations on the factors indicate a considerably higher degree of Disease Affirmation compared to Affective State for the pain population than for the other samples.

DISCRIMINANT FUNCTIONS

The IBQ (52- and 62-item versions) has been examined in three discriminant analyses of IBQ responses by groups of pain, general practice, and family practice patients (Pilowsky, Murrell and Gordon, 1979). The analyses revealed three separate though similar discriminant functions, which provided a good degree of accuracy in classifying a new group of 50 pain patients. The discriminant functions were:

Discriminant scores derived from 52-item Illness Behaviour Questionnaire data: Adelaide pain clinic patients (n=121) vs Adelaide general practice patients (n=133).

$$\text{Score} = 0.2769 \times \text{Factor } 1 - 0.4577 \times \text{Factor } 2 + 0.7676 \times \text{Factor } 3 - 0.1544 \times \text{Factor } 6 + 0.1394 \times \text{Factor } 7 - 0.0291.$$

Using this formula 50 independent Adelaide pain clinic patients had 86% correct group classification on the basis of their IBQ responses, of which 72% of the 50 patients scored probabilities of membership of 0.75 or more.

Discriminant scores derived from 62-item Illness Behaviour Questionnaire data: Seattle pain clinic patients (n=100) vs Seattle family practice patients (n=77).

$$\text{Score} = 0.6432 \times \text{Factor } 3 - 0.2584 \times \text{Factor } 2 - 0.2647 \times \text{Factor } 6 - 0.1703 \times \text{Factor } 7 + 0.8708.$$

With this formula the 50 Adelaide pain clinic patients had a 92% correct group classification on the basis of their IBQ responses, of which 76% of the 50 patients scored probabilities of membership of 0.75 or more.

Discriminant scores derived from Adelaide 62-item Illness Behaviour Questionnaire data: Pain clinic patients (n=100) vs general practice patients (n=155).

$$\text{Score} = 0.7766 \times \text{Factor } 3 - 0.4320 \times \text{Factor } 2 - 0.1816 \times \text{Factor } 6 + 0.045 \times \text{Factor } 4 + 0.2492.$$

With this formula the same 50 pain clinic patients had a 90% correct group classification on the basis of their IBQ responses, of which 76% of the 50 patients scored probabilities of membership of 0.75 or more.

Transformed discriminant scores derived from 62-item Illness Behaviour Questionnaire data: Pain clinic patients (n=100) vs general practice patients (n=155).

$$\text{Score} = 53.8 + 5.7 \times \text{Factor } 2 - 10.2 \times \text{Factor } 3 - 0.6 \times \text{Factor } 4 + 2.4 \times \text{Factor } 6.$$

The original discriminant score formula set the range of possible scores between -3.26 and +4.36, where the probability of membership in a pain clinic population increased as the score became more negative. Hence, as the discriminant function decreased, the probability of conversion increased. The transformed equation, however, sets the range between 0 and 100 and also reverses the direction of scoring. Thus, the probability of conversion increases as the score increases.

RELIABILITY AND VALIDITY

Summary Table of IBQ Validity Studies

	Face Validity (Appendix A)	Spouse-patient Correlation (Appendix E)	Criterion Group Discriminative Validity	Concurrent Validity
GH	√	√	√ (Psych. v Pain)	
DC	√	√	√ (Pain v GP)*	
P/S	√	√	√ (Pain v GP)*	
AI	√	√		
AD	√	√	√ (Psych. v Pain)	√ LPD, SES, SET, SDS) .56 .59 .76 .54 <.001 .001 .001 .001 N=88
D	√	√	√ (Pain v GP)*	
I	√	√		

*See also Pilowsky, Chapman and Bonica (1977)

Test-retest reliability

Estimates of test-retest reliability (Spearman correlation) for the seven scales and Whiteley Index are given in Table 1 (Appendix E). Retests were done between 1 week and 12 weeks after initial testing. All correlations between first and second testing were significant ($p<.001$). The original test-retest correlations for the Whiteley Index obtained in the earlier investigation of hypochondriasis are also presented.

Spouse-patient correlation

The validity of the IBQ, was assessed by administering the IBQ to the patient's spouse, to be completed as they believed the patient should respond (Appendix E, Table 2).

The correlations, corrected for attenuation, indicate a good degree of agreement between the illness responses of patients and the patient's response as perceived by their spouse. The product-moment correlation between the scores of the patients and their spouses in the Whiteley Index study (Pilowsky, 1967) is also presented.

CRITERION GROUP DISCRIMINATIVE VALIDITY

The capacity of selected individual scales to discriminate between criterion groups was tested by comparing the scores of a pain clinic population with (i) an Adelaide general practice sample, and (ii) a general hospital psychiatric ward sample.

As can be seen from Appendix H, the IBQ scales discriminated in the predictable direction. Thus, when compared to a general practice sample, the pain clinic patients scored higher on General hypochondriasis (1), Disease conviction (2) and Denial (6), and lower on Psychological vs Somatic focussing (2).

When compared to a general hospital psychiatric ward sample, the pain clinic patients scored higher on Disease conviction (2) and Denial (6), but lower on General hypochondriasis (1), Psychological vs Somatic focussing (3), Affective inhibition (4) and Affective disturbance (5).

CONCURRENT VALIDITY

This type of validity is available for Scale 5 (Affective disturbance). In a population of 88 pain clinic subjects the Levine-Pilowsky Depression (LPD) Questionnaire and the Zung Depression Scale were administered to assess depressive affect, while the Spielberger State-Trait Anxiety Inventory was also completed.

Scale 5 scores correlated significantly with the LPD: $r=0.56$ ($p<.001$), and the Zung Scale: $r=0.54$ ($p<.001$). It also correlated significantly with the Spielberger Scales: with state anxiety $r=0.59$ ($p<.001$) and with trait anxiety, $r=0.76$ ($p<.001$).

NORMATIVE DATA - I

The IBQ has now been administered to a variety of populations in various settings. Mean scores and standard deviations for each scale (and for the second-order factors) for each population are given in Appendix F (Table 1-Table 8). The total population score and scores for males and females are given separately where available.

Demographic data - mean age and sex distribution - for the various standard populations used in the IBQ work is given in Appendix G.

The general descriptions of the populations are:

<u>Pain clinic</u> (Adelaide and Seattle) - people with intractable pain which has not responded to normal treatment attending large metropolitan hospitals as outpatients.

<u>General practice</u> (Adelaide and Seattle) - people attending large community health centres (Adelaide) or family practices (Seattle) for general consultation.

Psychiatric (Adelaide) - inpatients of psychiatric ward of large metropolitan hospital.

Coronary artery by-pass (Adelaide) - inpatients awaiting coronary artery by-pass surgery in large metropolitan hospital.

Cardiac patients (Canberra) - inpatients who have had myocardial infarction or suspected M.I.

NORMATIVE DATA - II

In Appendix F (Table 9) normative data is presented in a different form. Here the number of subjects obtaining each score on each scale is presented. This information can be used by researchers and clinicians to make decisions about cut-off points which will suit their particular needs. It will be appreciated that the most suitable cut-off point for detecting abnormality may vary from one study to another and depends, to a considerable extent, on the antecedent probability of the abnormality being present in the specific population under consideration. In some studies, false positives may be undesirable, while in others false negatives may be unacceptable.

With these considerations in mind, the following cut-off points can be suggested for detecting patients who have a high probability of manifesting abnormal illness behaviour of one form or another. These cut-off scores are based on the comparison of the score frequencies of two criterion groups, Adelaide pain clinic patients and Adelaide general practice patients. The scales used are:

Disease conviction (DC), Psychological vs Somatic focussing (P/S), Disease affirmation (DA) (second order), the Whiteley Index of Hypochondriasis (WI) and the IBQ Discriminant function (DF).

The cut-off points are:

DC: score equal to, or greater than 3 (i.e. score 3-6)
P/S: score equal to or less than 1 (i.e. score 0-1)
DA: score equal to or greater than 7 (i.e. score 7-11)
WI: score equal to or greater than 8 (i.e. score 8-14)
DF: score equal to or greater than 70 (i.e. score 70-100).

It should be emphasized that a questionnaire such as the IBQ cannot replace a conventional evaluation in the clinical situation. However, it can usefully supplement the information obtained at interview, and in this way, facilitate the diagnostic and evaluative process.

SCORING

The IBQ is scored easily by hand using the scoring sheet (Appendix A, Table 2) to give scores on the seven derived scales and the Whiteley Index of Hypochondriasis. A computer scoring program is also available which, in addition to the above scores, provides scores on the two second order factors and two adjusted discriminant scores using the 62-item Adelaide and Seattle discriminant functions.

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*IBQ used
**Whiteley Index of Hypochondriasis used

APPENDICES

APPENDIX A

Table 1. Illness Behaviour Questionnaire

Here are some questions about you and your illness. Circle either YES or NO to indicate your answer to each question.

1.	Do you worry a lot about your health?	YES	NO
2.	Do you think there is something seriously wrong with your body?	YES	NO
3.	Does your illness interfere with your life a great deal?	YES	NO
4.	Are you easy to get on with when you are ill?	YES	NO
5.	Does your family have a history of illness?	YES	NO
6.	Do you think you are more liable to illness than other people?	YES	NO
7.	If the doctor told you that he could find nothing wrong with you would you believe him?	YES	NO
8.	Is it easy for you to forget about yourself and think about all sorts of other things?	YES	NO
9.	If you feel ill and someone tells you that you are looking better, do you become annoyed?	YES	NO
10.	Do you find that you are often aware of various things happening in your body?	YES	NO
11.	Do you ever think of your illness as a punishment for something you have done wrong in the past?	YES	NO
12.	Do you have trouble with your nerves?	YES	NO
13.	If you feel ill or worried, can you be easily cheered up by the doctor?	YES	NO
14.	Do you think that other people realise what its like to be sick?	YES	NO
15.	Does it upset you to talk to the doctor about your illness?	YES	NO
16.	Are you bothered by many pains and aches?	YES	NO
17.	Does your illness affect the way you get on with your family or friends a great deal?	YES	NO
18.	Do you find that you get anxious easily?	YES	NO
19.	Do you know anybody who has had the same illness as you?	YES	NO
20.	Are you more sensitive to pain than other people?	YES	NO
21.	Are you afraid of illness?	YES	NO
22.	Can you express your personal feelings easily to other people?	YES	NO

../2

23. Do people feel sorry for you when you are ill?	YES	NO
24. Do you think that you worry about your health more than most people?	YES	NO
25. Do you find that your illness affects your sexual relations?	YES	NO
26. Do you experience a lot of pain with your illness	YES	NO
27. Except for your illness, do you have any problems in your life?	YES	NO
28. Do you care whether or not people realise you are sick?	YES	NO
29. Do you find that you get jealous of other people's good health?	YES	NO
30. Do you ever have silly thoughts about your health which you can't get out of your mind, no matter how hard you try?	YES	NO
31. Do you have any financial problems?	YES	NO
32. Are you upset by the way people take your illness?	YES	NO
33. Is it hard for you to believe the doctor when he tells you there is nothing for you to worry about?	YES	NO
34. Do you often worry about the possibility that you have got a serious illness?	YES	NO
35. Are you sleeping well?	YES	NO
36. When you are angry, do you tend to bottle up your feelings?	YES	NO
37. Do you often think that you might suddenly fall ill?	YES	NO
38. If a disease is brought to your attention (through the radio, television, newspapers or someone you know) do you worry about getting it yourself?	YES	NO
39. Do you get the feeling that people are not taking your illness seriously enough?	YES	NO
40. Are you upset by the appearance of your face or body?	YES	NO
41. Do you find that you are bothered by many different symptoms?	YES	NO
42. Do you frequently try to explain to others how you are feeling?	YES	NO
43. Do you have any family problems?	YES	NO
44. Do you think there is something the matter with your mind?	YES	NO
45. Are you eating well?	YES	NO

../3

46. Is your bad health the biggest difficulty of your life?	YES	NO
47. Do you find that you get sad easily?	YES	NO
48. Do you worry or fuss over small details that seem unimportant to others?	YES	NO
49. Are you always a co-operative patient?	YES	NO
50. Do you often have the symptoms of a very serious disease?	YES	NO
51. Do you find that you get angry easily?	YES	NO
52. Do you have any work problems?	YES	NO
53. Do you prefer to keep your feelings to yourself?	YES	NO
54. Do you often find that you get depressed?	YES	NO
55. Would all your worries be over if you were physically healthy?	YES	NO
56. Are you more irritable towards other people?	YES	NO
57. Do you think that your symptoms may be caused by worry?	YES	NO
58. Is it easy for you to let people know when you are cross with them?	YES	NO
59. Is it hard for you to relax?	YES	NO
60. Do you have personal worries which are not caused by physical illness?	YES	NO
61. Do you often find that you lose patience with other people?	YES	NO
62. Is it hard for you to show people your personal feelings?	YES	NO

APPENDIX A

Table 2. Illness Behaviour Score Sheet (note that not all IBQ items contribute to scale scores).

NAME:........................ AGE:...... STATUS:.....................

Question	Scored Response						
No.	Scale 1	Scale 2	Scale 3	Scale 4	Scale 5	Scale 6	Scale 7
2		Yes					
3		Yes					
4							No
7		No					
9	Yes						
10		Yes					
11			Yes				
12					Yes		
16			No				
17							Yes
18					Yes		
20	Yes						
21	Yes						
22				No			
24	Yes						
27						No	
29	Yes						
30	Yes						
31						No	
32	Yes						
35		No					
36				Yes			
37	Yes						
38	Yes						
41		Yes					
43						No	
44			Yes				
46			No				
47					Yes		
51							Yes
AGE							<40

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The following questions (53-62) have been added to the original Illness Behaviour Questionnaire in order to consolidate the last 5 scales.

Question No.	Scored Response Scale 1	Scale 2	Scale 3	Scale 4	Scale 5	Scale 6	Scale 7
53				Yes			
54					Yes		
55						Yes	
56							Yes
57			Yes				
58				No			
59					Yes		
60						No	
61							Yes
62				Yes			
Final Profile							

Whiteley Index of Hypochondriasis

Question No.	1	2	8	9	10	16	21	24	33	34	38	39	41	50
Scored Response:	Yes	Yes	No	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes

Whiteley Index Score:

APPENDIX B: WHITELEY INDEX OF HYPOCHONDRIASIS

Table 1. Item Analysis

IBQ Question No.		Item	No. of patients answering "Yes" Hypoch. N = 100	Non-hypoch. N = 100	X^2	
34	A.	Do you often worry about the possibility that you have got a serious illness?	72	16	42.5	p .001
16	B.	Are you bothered by many pains and aches?	76	19	62.88	p .001
10	C.	Do you find that you are often aware of various things happening in your body?	65	18	43.58	p .001
1	D.	Do you worry a lot about your health?	85	33	53.76	p .001
50*	E.	Do you often have the symptoms of very serious illnesses?	40	8	27.67	p .001
38	F.	If a disease is brought to your attention (through the radio, television, newspapers or someone you know) do you worry about getting it yourself?	45	3	46.08	p .001
9	G.	If you feel ill and someone tells you that you are looking better, do you become annoyed?	24	8	8.37	p .01
41	H.	Do you find that you are bothered by many different symptoms?	63	10	58.33	p .001
8	I.	Is it easy for you to forget about yourself, and think about all sorts of other things?	37	56	6.35	p .02
33	J.	Is it hard for you to believe the doctor when he tells you there is nothing for you to worry about?	72	28	39.98	p .001
39	K.	Do you get the feeling that people are not taking your illness serously enough?	53	27	13.02	p .001
24	L.	Do you think that you worry about your health more than most people?	55	13	37.45	p .001
2	M.	Do you think there is something seriously wrong with your body?	44	7	34.11	p .001
21	N.	Are you afraid of illness?	61	32	15.75	p .001

*Slightly changed for the IBQ

APPENDIX B: WHITELEY INDEX OF HYPOCHONDRIASIS

Table 2. Means for hypochondriacal, hospital and normal populations.

Population	N	Mean	S.D.
Diagnosed hypochondriacal psychiatric inpatients			
Males	38	7.90	3.24
Females	62	8.92	5.15
Non-hypochondriacal psychiatric inpatients			
Males	46	3.09	2.13
Females	54	2.89	2.18
Non-psychiatric (malignant disease) patients			
Males	15	4.47	3.20
Females	32	2.30	2.71
Normal controls			
Males + Females	15	1.67	2.44

APPENDIX B: WHITELEY INDEX OF HYPOCHONDRIASIS

Table 3. Item loadings for 200 psychiatric patients.

	Loadings
Factor 1	
B. Are you bothered by many pains and aches?	-.51
D. Do you worry a lot about your health?	-.40
H. Do you find that you are bothered by many different symptoms?	-.41
Factor 2	
F. If a disease is brought to your attention (through the radio, television, newspapers or someone you know) do you worry about getting it yourself?	.50
I. Is it easy for you to forget about yourself, and think about all sorts of other things?	.49
L. Do you think that you worry about your health more than most people?	-.45
N. Are you afraid of illness?	.59
Factor 3	
G. If you feel ill and someone tells you that you are looking better, do you become annoyed?	.51
K. Do you get the feeling that people are not taking you illness serously enough?	.47
M. Do you think there is something seriously wrong with your body?	.37
Total variance	53.5%

APPENDIX C: IBQ 52 ITEM

Table 1. Item loadings for 100 pain clinic patients.

Item	Question	Loading	% Variance
	Factor 1		24.8
9	If you feel ill and someone tells you that you are looking better do you feel annoyed?	.55	
20	Are you more sensitive to pain than other people?	.57	
21	Are you afraid of illness?	.51	
24	Do you think you worry about your health more than most people?	.73	
29	Do you find you get jealous of others good health?	.71	
30	Do you ever have silly thoughts about your health which you can't get out of your mind, no matter how hard you try?	.49	
32	Are you upset by the way people take your illness?	.45	
37	Do you often think you might suddenly fall ill?	.55	
38	If a disease is brought to your attention (through the radio, T.V., newspapers or someone you know) do you worry about getting it yourself?	.42	
	Factor 2		10.0
2	Do you think there is something seriously wrong with your body?	.56	
3	Does your illness interfere with your life a great deal?	.49	
7	If the doctor told you that he could find nothing wrong with you would you believe him?	-.48	
10	Do you find that you are often aware of various things happening in your body?	.68	
35	Are you sleeping well?	-.43	
41	Do you find that you are bothered by many different symptoms?	.48	
	Factor 3		7.6
11	Do you ever think of your illness as a punishment for something you have done wrong in the past?	.62	
16	Are you bothered by many pains and aches?	-.53	
44	Do you think there is something the matter with your mind?	.55	
46	Is your bad health the biggest difficulty in your life?	-.56	

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Item	Questions	Loading	% Variance
	Factor 4		6.8
22	Can you express your personal feelings easily to other people?	-.59	
36	When you are angry, do you tend to bottle up your feelings?	.63	
	Factor 5		6.5
12	Do you have trouble with your nerves?	.75	
18	Do you find that you get anxious easily?	.69	
47	Do you find that you get sad easily?	.52	
	Factor 6		4.3
27	Except for your illness, do you have any problems in your life?	.77	
31	Do you have any financial problems?	.57	
43	Do you have any family problems?	.63	
	Factor 7		3.3
4	Are you easy to get on with when you are ill?	-.61	
17	Does your illness affect the way you get on with your family or friends a great deal?	.41	
51	Do you find you get angry easily?	.73	
	Age (40 years)	-.62	
		Total Variance -	63.3%

APPENDIX C: IBQ 52 ITEM

Table 2. Mean scores for pain, hospital, and general practice groups.

Population	N	Age $\overline{X}$	SCALE 1	2	3	4	5	6	7
Pain	100	49.1	1.35	3.28	.44	.88	1.43	2.38	1.38
Males	48								
Females	52								
Hospital Groups	40	55.7	1.02	2.70	.45	.65	1.12	2.55	.90
Males	18								
Females	22								
G.P. Group	134	34.8	2.41	1.73	1.41	.93	1.47	1.95	1.75
Males	61								
Females	73								

APPENDIX D: FACTOR ANALYSIS IBQ 62-ITEM

Table 1. Item loadings for 120 myocardial infarction patients (Byrne and Whyte, 1978)

Item	Questionnaire	Loading	% Variance
	Factor 1		19.9
29	Do you find that you get jealous of other people's good health?	.76	
38	Disease attention through radio, T.V., do you worry?	.72	
44	Do you think there is something the matter with your mind?	.55	
40	Are you upset by the appearance of your face or body?	.49	
6	Do you think you are more liable to illness than others?	.46	
20	Are you more sensitive to pain than other people?	.45	
	Factor 2		8.7
27	Except for illness, do you have any problems in your life?	.75	
60	Do you have personal worries not caused by illness?	.74	
43	Do you have any family problems?	.56	
31	Do you have any financial problems?	.50	
52	Do you have any work problems?	.46	
57	Do you think that your symptoms may be caused by worry?	.42	
	Factor 3		7.1
18	Do you find that you get anxious easily?	.69	
47	Do you find that you get sad easily?	.60	
17	Does your illness affect the way you get on with your family or friends a great deal?	.41	
	Factor 4		6.0
62	Is it hard for you to show people your personal feelings?	.77	
22	Can you express your personal feelings easily to others?	.71	
	Factor 5		5.8
3	Does your illness interfere with your life a great deal?	.68	
2	Do you think there is something seriously wrong with your body?	.62	
34	Do you often worry about the possibility that you have got a serious illness?	.59	

../2

Item	Questionnaire	Loading	% Variance
	Factor 6		5.4
12	Do you have trouble with your nerves?	.68	
59	Is it hard for you to relax?	.59	
54	Do you often find you get depressed?	.45	
	Factor 7		4.4
30	Do you have silly thoughts about your health?	.69	
9	If you feel ill and someone tells you that you are looking better, do you become annoyed?	.54	
42	Do you frequently try to explain to others how you are feeling?	.43	
	Factor 8		4.2
13	If you feel ill or worried, can you be easily cheered up by the doctor?	.59	
7	If the doctor told you that he could find nothing wrong with you would you believe him?	.41	
		Total Variance -	61.5%

APPENDIX D: FACTOR ANALYSIS IBQ 62 ITEM

Table 2. Item loadings for 122 coronary artery by-pass patients (Pilowsky et al., 1979)

Item	Questionnaire	Loading	% Variance
	Factor 1		16.2
27	Except for your illness, do you have any problems in your life?	.80	
31	Do you have any financial problems?	.43	
43	Do you have any family problems?	.75	
52	Do you have any work problems?	.43	
55	Would all your worries be over if you were physically healthy?	-.65	
60	Do you have personal worries which are not caused by physical illness?	.77	
	Factor 2		10.3
2	Do you think there is something seriously wrong with your body?	.42	
3	Does illness interfere with your life a great deal?	.50	
10	Do you find that you are often aware of various things happening in your body?	.48	
16	Are you bothered by many pains and aches?	.43	
26	Do you experience a lot of pain with your illness?	.41	
46	Is you bad health the biggest difficulty of your life?	.42	
50	Do uou often have the symptoms of a very serious disease?	.53	
	Factor 3		8.1
22	Can you express your personal feelings easily to other people?	-.49	
36	When you are angry, do you tend to bottle up your feelings?	.68	
53	Do you prefer to keep your feelings to yourself?	.53	
58	Is it easy for you to let people know when you are cross with them?	-.49	
62	Is it hard for you to show people your personal feelings?	.65	
	Factor 4		7.4
4	Are you easy to get on with when you are ill?	-.52	
51	Do you find that you get angry easily?	.48	
56	Are you more irritable towards other people?	.57	
61	Do you often find that you lose patience with other people?	.77	

../2

Item	Question	Loading	% Variance
	Factor 5		5.6
30	Do you ever have silly thoughts about your health which you can't get out of your mind, no matter how hard you try?	.53	
32	Are you upset by the way people take your illness?	.60	
38	If a disease is brought to your attention (through the radio, television, newspapers, or someone you know) do you worry about getting it yourself?	.66	
	Factor 6		5.0
11	Do you ever think of your illness as a punishment for something you have done wrong in the past?	.61	
14	Do you think that other people reliaze what it's like to be sick?	-.51	
39	Do you get the feeling that people are not taking your illness seriously enough?	.76	
	Factor 7		4.5
13	If you feel ill or worried, can you be easily cheered up by the doctor?	.48	
33	Is it hard for you to believe the doctor when he tells you there is nothing for you to worry about?	-.73	
	Factor 8		3.6
37	Do you often think that you might suddenly fall ill?	.57	
6	Do you think you are more liable to illness than other people?	.63	
	Factor 9		3.1
8	Is it easy for you to forget about yourself and think about all sorts of other things?	-.40	
12	Do you have trouble with your nerves?	.55	
18	Do you find that you get anxious easily?	.55	
47	Do you find that you get sad easily?	.62	
54	Do you often find that you get depressed?	.71	
	Factor 10		2.9
1	Do you worry a lot about your health?	.44	
24	Do you think that you worry about your health more than most people?	.69	
	Factor 11		2.2
20	Are you more sensitive to pain than other people?	.51	
21	Are you afraid of illness?	.46	
		Total Variance -	68.9

APPENDIX D: FACTOR ANALYSIS IBQ 62-ITEM

Table 3. Item loadings for 150 general practice patients (Unpublished)

Item	Questions	Loading	% Variance
	Factor 1		27.2
12	Do you have trouble with your nerves?	.57	
18	Do you find that you get anxious easily?	.46	
48	Do you worry over small details?	.53	
54	Do you often find that you get depressed?	.53	
59	Is it hard for you to relax?	.50	
	Factor 2		9.5
2	Do you think there is something seriously wrong with your body?	.73	
3	Does your illness interfere with your life a great deal?	.62	
6	Do you think you are more liable to illness than others?	.60	
44	Do you think there is something the matter with your mind?	.45	
45	Are you eating well?	-.48	
46	Is your bad health the biggest difficulty in your life?	.58	
	Factor 3		6.8
27	Except for your illness, do you have any problems in your life?	.75	
31	Do you have financial problems?	.55	
43	Do you have any family problems?	.47	
55	Would all your worries be over if you were physically healthy?	-.63	
60	Do you have personal worries which are not caused by illness?	.63	
	Factor 4		6.5
21	Are you afraid of illness?	.48	
37	Do you often think you might suddenly fall ill?	.48	
38	If a disease is brought to your attention (through radio, T.V., newspapers, or someone you know, do you worry about getting it yourself?	.84	
	Factor 5		6.2
22	Can you express your personal feelings easily to others?	-.68	
36	When you are angry do you tend to bottle up your feelings?	.51	
58	Is it easy for you to let people know when you are cross with them?	-.43	
62	Is it hard for you to show people your personal feelings?	.67	

Item	Question	Loading	% Variance
	Factor 6		5.7
16	Are you bothered by many pains and aches?	.59	
26	Do you experience a lot of pain with your illness?	.65	
34	Do you often worry about the possibility that you have got a serious disease?	.40	
41	Do you find that you are bothered by many different symptoms?	.53	
	Factor 7		4.9
7	If the doctor told you that he could find nothing wrong with you would you believe him?	-.43	
14	Do you think that other people realize what it's like to be sick?	-.45	
32	Are you upset by the way people take your illness?	.54	
39	Do you get the feeling that people are not taking your illness seriously enough?	.70	
	Factor 8		3.6
4	Are you easy to get on with when you are ill?	.49	
53	Do you prefer to keep your feelings to yourself?	.66	
	Factor 9		3.3
21	Are you afraid of illness?	.40	
30	Do you ever have silly thoughts about your health which you can't get out of your mind, no matter how hard you try?	.40	
24	Do you think that you worry about your health more than most people?	.59	
49	Are you always a co-operative patient?	.42	
		Total Variance -	73.7%

APPENDIX D: FACTOR ANALYSIS IBQ 62 ITEM

Table 4. Item loadings for 100 pain clinic patients on two second order factors.

	Scale	Loading	% Variance
	Factor 1		66.2
1.	General hypochondriasis	.69	
5.	Dysphoria	.68	
7.	Irritability	.58	
	Factor 2		33.8
2.	Disease conviction	.52	
3.	Psychological vs somatic concern	-.74	
		Total Variance -	100%

APPENDIX D: FIGURE 1

Mean scale scores from pain clinic and general practice groups in Adelaide

——— Pain clinic - - - - General practice

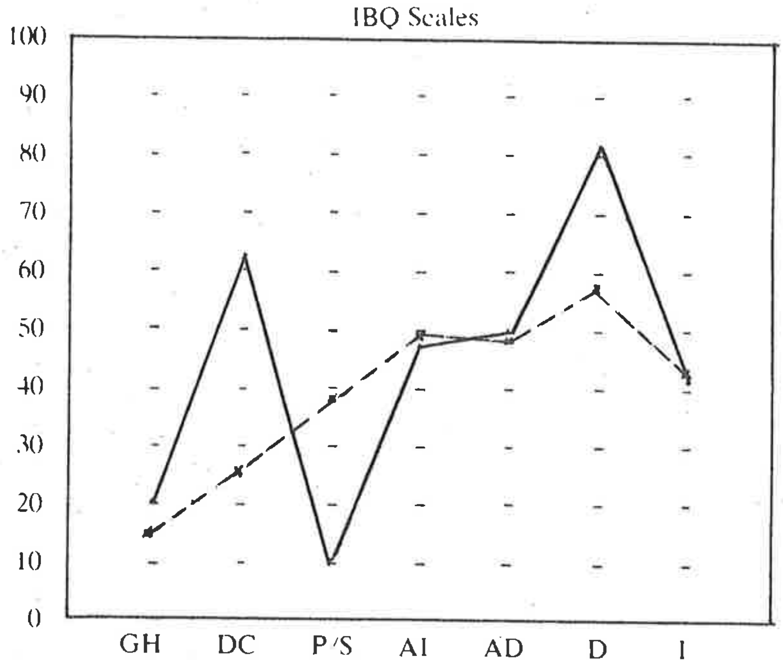
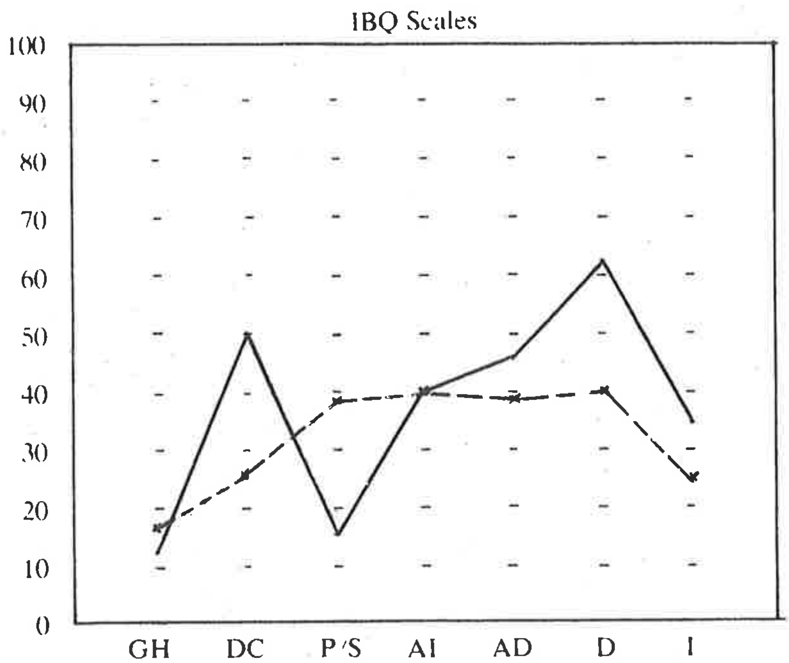


FIGURE 2

Mean scale scores from pain clinic and general practice groups in Seattle



APPENDIX E: RELIABILITY IBQ 62-ITEM AND WHITELEY INDEX

Table 1. Test-retest reliability

IBQ Scale	Correlations	N=42 Sig. (p)
1. General hypochondriasis	0.87	0.001
2. Disease conviction	0.76	0.001
3. Psychological versus somatic concern	0.76	0.001
4. Affective inhibition	0.67	0.001
5. Affective disturbance	0.87	0.001
6. Denial	0.86	0.001
7. Irritability	0.84	0.001
8. Whiteley Index of Hypochondriasis	0.85	0.001

APPENDIX E: VALIDITY IBQ 62-ITEM AND WHITELEY INDEX

Table 2. Correlations[1] between patient's scores and relative/friend's scores[2].

IBQ Scale	Correlations	N=42 Sig. (p)
1. General hypochondriasis	0.50	0.002
2. Disease conviction	0.57	0.001
3. Psychological versus somatic concern	0.65	0.001
4. Affective inhibition	0.59	0.001
5. Affective disturbance	0.75	0.001
6. Denial	0.78	0.001
7. Irritability	0.56	0.001
8. Whiteley Index of Hypochondriasis	0.62	0.001

[1]Correlations corrected for attenuation of patient's score.

[2]The relative or friend was requested to complete the IBQ as they thought it should have been answered by the patient.

APPENDIX F: NORMATIVE DATA - I

Table 1. Scale 1. General Hypochondriasis - Means for each patient population.

		Mean	Std Dev	N
Adelaide Pain Clinic: :	Total	1.79	2.19	245
	Males	1.88	2.25	116
	Females	1.71	2.13	129
Adelaide General Practice :	Total	1.42	1.84	153
	Males	1.01	1.31	55
	Females	1.69	2.07	95
Adelaide Psychiatric :	Total	3.16	2.34	250
	Males	3.05	2.40	101
	Females	3.21	2.30	149
Seattle Pain Clinic: :	Total	1.12	1.40	99
	Males	1.03	1.21	26
	Females	1.15	1.47	73
Seattle General Practice :	Total	1.14	1.23	77
	Males	1.11	1.45	17
	Females	1.15	1.17	60
Coronary artery by-pass :	Males only	1.17	1.39	122
Canberra cardiac patients (Males + Females)				
	Myocardial Infarction	1.26	1.47	50
	Suspected M.I.	1.10	1.33	20

APPENDIX F: NORMATIVE DATA - I

Table 2. Scale 2. Disease Conviction - Means for each patient population

			Mean	Std Dev	N
Adelaide Pain Clinic	:	Total	3.72	1.53	245
		Males	3.72	1.56	116
		Females	3.72	1.52	129
Adelaide General Practice	:	Total	1.58	1.37	153
		Males	1.54	1.46	55
		Females	1.64	1.32	95
Adelaide Psychiatric	:	Total	3.22	1.60	250
		Males	3.36	1.67	101
		Females	3.12	1.55	149
Seattle Pain Clinic	:	Total	3.00	1.71	99
		Males	2.73	2.12	26
		Females	3.09	1.54	73
Seattle General Practice	:	Total	1.54	1.25	77
		Males	1.52	1.37	17
		Females	1.55	1.22	60
Coronary artery by-pass	:	Males only	2.54	1.43	122
Canberra cardiac patients (Males + Females)					
		Myocardial Infarction	1.54	1.52	50
		Suspected M.I.	1.30	1.95	20

APPENDIX F: NORMATIVE DATA - I

Table 3. Scale 3. Psychological vs Somatic Concern - Means for each patient population

		Mean	Std Dev	N
Adelaide Pain Clinic :	Total	.62	.97	245
	Males	.54	.92	116
	Females	.68	1.01	129
Adelaide General Practice :	Total	2.01	.80	153
	Males	1.89	.80	55
	Females	2.07	.80	95
Adelaide Psychiatric :	Total	2.40	1.21	250
	Males	2.26	1.21	101
	Females	2.48	1.20	149
Seattle Pain Clinic :	Total	.72	.94	99
	Males	.92	1.01	26
	Females	.65	.91	73
Seattle General Practice :	Total	1.93	.99	77
	Males	2.11	1.05	17
	Females	1.88	.97	60
Coronary artery by pass :	Males only	1.35	.94	122
Canberra cardiac patients (Males + Females)				
	Myocardial Infarction	1.88	.98	50
	Suspected M.I.	1.95	.89	20

APPENDIX F: NORMATIVE DATA - I

Table 4. Scale 4. Affective Inhibition - Means for each patient population

		Mean	Std Dev	N
Adelaide Pain Clinic :	Total	2.51	1.55	245
	Males	2.42	1.53	116
	Females	2.58	1.57	129
Adelaide General Practice :	Total	2.46	1.57	153
	Males	2.41	1.42	55
	Females	2.48	1.66	95
Adelaide Psychiatric :	Total	3.22	1.44	250
	Males	3.20	1.46	101
	Females	3.24	1.44	149
Seattle Pain Clinic :	Total	2.01	1.52	99
	Males	2.07	1.38	26
	Females	1.98	1.58	73
Seattle General Practice :	Total	2.00	1.53	77
	Males	2.47	1.46	17
	Females	1.86	1.53	60
Coronary artery by pass :	Males only	2.56	1.56	122
Canberra cardiac patients (Males + Females)				
	Myocardial Infarction	2.44	1.51	50
	Suspected M.I.	2.70	1.87	20

APPENDIX F: NORMATIVE DATA - I

Table 5. Scale 5. Dysphoria - Means for each patient population

			Mean	Std Dev	N
Adelaide Pain Clinic	:	Total	2.61	1.71	245
		Males	2.57	1.68	116
		Females	2.65	1.74	129
Adelaide General Practice	:	Total	2.33	1.64	153
		Males	1.72	1.47	55
		Females	2.71	1.63	95
Adelaide Psychiatric	:	Total	3.97	1.41	250
		Males	3.92	1.35	101
		Females	4.00	1.46	149
Seattle Pain Clinic	:	Total	2.30	1.74	99
		Males	2.00	1.44	26
		Females	2.41	1.83	73
Seattle General Practice	:	Total	1.93	1.61	77
		Males	1.29	1.35	17
		Females	2.11	1.64	60
Coronary artery by pass	:	Males only	2.56	1.69	122
Canberra cardiac patients (Males + Females)					
		Myocardial Infarction	2.12	1.49	50
		Suspected M.I.	2.05	1.93	20

APPENDIX F: NORMATIVE DATA - I

Table 6. Scale 6. Denial - Means for each patient population

			Mean	Std Dev	N
Adelaide Pain Clinic	:	Total	3.88	1.51	245
		Males	3.87	1.48	116
		Females	3.89	1.55	129
Adelaide General Practice	:	Total	2.91	1.73	153
		Males	3.32	1.57	55
		Females	2.64	1.78	95
Adelaide Psychiatric	:	Total	2.43	1.67	250
		Males	2.50	1.65	101
		Females	2.38	1.68	149
Seattle Pain Clinic	:	Total	3.07	1.44	99
		Males	2.92	1.44	26
		Females	3.12	1.44	73
Seattle General Practice	:	Total	1.98	1.51	77
		Males	2.35	1.57	17
		Females	1.88	1.49	60
Coronary artery by pass	:	Males only	4.02	1.44	122
Canberra cardiac patients (Males + Females)					
		Myocardial Infarction	3.38	1.51	50
		Suspected M.I.	3.10	1.41	20

APPENDIX F: NORMATIVE DATA - I

Table 7.   Scale 7. Irritability - Means for each patient population

		Mean	Std Dev	N
Adelaide Pain Clinic :	Total	3.11	1.64	245
	Males	3.44	1.58	116
	Females	2.80	1.64	129
Adelaide General Practice :	Total	2.81	1.60	153
	Males	2.50	1.47	55
	Females	2.96	1.65	95
Adelaide Psychiatric :	Total	3.70	1.70	250
	Males	3.91	1.67	101
	Females	3.55	1.72	149
Seattle Pain Clinic :	Total	2.05	1.55	99
	Males	1.73	1.18	26
	Females	2.16	1.65	73
Seattle General Practice :	Total	1.55	1.19	77
	Males	1.58	1.00	17
	Females	1.55	1.25	60
Coronary artery by pass :	Males only	2.85	1.57	122
Canberra cardiac patients (Males + Females)				
	Myocardial Infarction	1.58	1.53	50
	Suspected M.I.	1.75	1.02	20

APPENDIX F: NORMATIVE DATA - I

Table 8. Means for two second-order factors

Population			N	Factor 1 Mean (SD)	Factor 2 Mean (SD)
Adelaide pain	:	Total	245	7.5 (4.3)	8.1 (2.0)
		Males	116	7.9 (4.4)	8.1 (2.0)
		Females	129	7.1 (4.2)	8.0 (1.9)
Adelaide general practice	:	Total	153	6.5 (3.8)	4.5 (1.6)
		Males	55	5.2 (3.2)	4.6 (1.6)
		Females	95	7.3 (4.0)	4.5 (1.6)
Adelaide psychiatric	:	Total	250	10.8 (4.2)	5.8 (2.2)
		Males	101	10.8 (4.2)	6.0 (2.3)
		Females	149	10.7 (4.1)	5.6 (2.1)
Adelaide coronary artery by-pass	:	Males only	122	6.5 (3.3)	6.1 (1.9)

APPENDIX F: Table 9 : Normative Data II.

Score frequencies on each scale are shown for the four criterion groups:

(i) Pain Clinic patients (N=231)
(ii) General Practice patients (N=147)
(iii) General Hospital patients (from Rheumatology, Cardiology, Hypertension Units) (N=217)
(iv) Psychiatric patients (Admitted to General Hospital Psychiatric Ward) (N=540)

The reason for the difference in sample sizes across Tables 1 and 9 is that Tables 1-8 were compiled from data available at an earlier stage (1981), and Table 9 was compiled in 1983 using new data from the "Pain Clinic" and "Psychiatric" populations, with the original "Coronary Artery By-pass" group incorporated in the general "Hospital" group. The "General Practice" is the same as the "Adelaide General Practice" sample except for five missing cases.

----GENERAL HYPOCHONDRIASIS--------------------

PAIN CLINIC N= 231 MEAN= 1.94 S.D.= 2.1

	0	1	2	3	4	5	6	7	8	9
F	71	56	33	25	15	15	4	6	4	2
%	30.7	24.2	14.3	10.8	6.5	6.5	1.7	2.6	1.7	0.9
CUM%	30.7	55.0	69.3	80.1	86.6	93.1	94.8	97.4	99.1	100

GENERAL PRACTICE N= 147 MEAN= 1.44 S.D.= 1.84

	0	1	2	3	4	5	6	7	8	9
F	65	30	14	19	11	2	2	2	1	1
%	44.2	20.4	9.5	12.9	7.5	1.4	1.4	1.4	0.7	0.7
CUM%	44.2	64.6	74.1	87.1	94.6	95.9	97.3	98.6	99.3	100

HOSPITAL N= 217 MEAN= 1.38 S.D.= 1.53

	0	1	2	3	4	5	6	7	8	9
F	80	58	38	15	15	6	5	0	0	0
%	36.9	26.7	17.5	6.9	6.9	2.8	2.3	0.0	0.0	0.0
CUM%	36.9	63.6	81.1	88.0	94.9	97.7	100	100	100	100

PSYCHIATRIC N= 540 MEAN= 2.69 S.D.= 2.31

	0	1	2	3	4	5	6	7	8	9
F	108	97	92	66	59	44	27	29	11	7
%	20.0	18.0	17.0	12.2	10.9	8.1	5.0	5.4	2.0	1.3
CUM%	20.0	38.0	55.0	67.2	78.1	86.3	91.3	96.7	98.7	100

----DISEASE CONVICTION --------------------

PAIN CLINIC N= 231 MEAN= 3.43 S.D.= 1.62

	0	1	2	3	4	5	6
F	12	17	35	55	44	44	24
%	5.2	7.4	15.2	23.8	19.0	19.0	10.4
CUM%	5.2	12.6	27.7	51.5	70.6	89.6	100

GENERAL PRACTICE N= 147 MEAN= 1.59 S.D.= 1.36

	0	1	2	3	4	5	6
F	32	51	32	18	8	4	2
%	21.8	34.7	21.8	12.2	5.4	2.7	1.4
CUM%	21.8	56.5	78.2	90.5	95.9	98.6	100

HOSPITAL N= 217 MEAN= 2.61 S.D.= 1.56

	0	1	2	3	4	5	6
F	24	31	45	54	38	18	7
%	11.1	14.3	20.7	24.9	17.5	8.3	3.2
CUM%	11.1	25.3	46.1	71.0	88.5	96.8	100

PSYCHIATRIC N= 540 MEAN= 3.02 S.D.= 1.69

	0	1	2	3	4	5	6
F	34	79	115	91	98	81	42
%	6.3	14.6	21.3	16.9	18.1	15.0	7.8
CUM%	6.3	20.9	42.2	59.1	77.2	92.2	100

----PSYCHOLOGICAL/SOMATIC--------------------

PAIN CLINIC N= 231 MEAN= .78 S.D.= 1.05

	0	1	2	3	4	5
F	124	57	36	8	3	3
%	53.7	24.7	15.6	3.5	1.3	1.3
CUM%	53.7	78.4	93.9	97.4	98.7	100

GENERAL PRACTICE N= 147 MEAN= 1.99 S.D.= .84

	0	1	2	3	4	5
F	8	25	78	33	3	0
%	5.4	17.0	53.1	22.4	2.0	0.0
CUM%	5.4	22.4	75.5	98.0	100	100

HOSPITAL N= 217 MEAN= 1.22 S.D.= .9

	0	1	2	3	4	5
F	49	89	62	16	1	0
%	22.6	41.0	28.6	7.4	0.5	0.0
CUM%	22.6	63.6	92.2	99.5	100	100

PSYCHIATRIC N= 540 MEAN= 2.15 S.D.= 1.26

	0	1	2	3	4	5
F	66	98	151	150	63	12
%	12.2	18.1	28.0	27.8	11.7	2.2
CUM%	12.2	30.4	58.3	86.1	97.8	100

----AFFECTIVE INHIBITION --------------------

PAIN CLINIC N= 231 MEAN= 2.26 S.D.= 1.69

	0	1	2	3	4	5
F	45	50	31	38	40	27
%	19.5	21.6	13.4	16.5	17.3	11.7
CUM%	19.5	41.1	54.5	71.0	88.3	100

GENERAL PRACTICE N= 147 MEAN= 2.46 S.D.= 1.6

	0	1	2	3	4	5
F	19	28	30	26	24	20
%	12.9	19.0	20.4	17.7	16.3	13.6
CUM%	12.9	32.0	52.4	70.1	86.4	100

HOSPITAL N= 217 MEAN= 2.56 S.D.= 1.54

	0	1	2	3	4	5
F	23	40	40	47	41	26
%	10.6	18.4	18.4	21.7	18.9	12.0
CUM%	10.6	29.0	47.5	69.1	88.0	100

PSYCHIATRIC N= 540 MEAN= 2.98 S.D.= 1.52

	0	1	2	3	4	5
F	45	58	87	121	131	98
%	8.3	10.7	16.1	22.4	24.3	18.1
CUM%	8.3	19.1	35.2	57.6	81.9	100

----AFFECTIVE DISTURBANCE--------------------

PAIN CLINIC N= 231 MEAN= 2.57 S.D.= 1.73

	0	1	2	3	4	5
F	42	28	40	40	40	41
%	18.2	12.1	17.3	17.3	17.3	17.7
CUM%	18.2	30.3	47.6	64.9	82.3	100

GENERAL PRACTICE N= 147 MEAN= 2.31 S.D.= 1.62

	0	1	2	3	4	5
F	24	29	28	27	21	18
%	16.3	19.7	19.0	18.4	14.3	12.2
CUM%	16.3	36.1	55.1	73.5	87.8	100

HOSPITAL N= 217 MEAN= 2.44 S.D.= 1.73

	0	1	2	3	4	5
F	38	37	43	26	36	37
%	17.5	17.1	19.8	12.0	16.6	17.1
CUM%	17.5	34.6	54.4	66.4	82.9	100

PSYCHIATRIC N= 540 MEAN= 3.56 S.D.= 1.64

	0	1	2	3	4	5
F	49	30	49	79	108	225
%	9.1	5.6	9.1	14.6	20.0	41.7
CUM%	9.1	14.6	23.7	38.3	58.3	100

----DENIAL --------------------

PAIN CLINIC N= 231 MEAN= 3.64 S.D.= 1.58

	0	1	2	3	4	5
F	10	23	27	24	44	103
%	4.3	10.0	11.7	10.4	19.0	44.6
CUM%	4.3	14.3	26.0	36.4	55.4	100

GENERAL PRACTICE N= 147 MEAN= 2.93 S.D.= 1.74

	0	1	2	3	4	5
F	15	26	21	15	33	37
%	10.2	17.7	14.3	10.2	22.4	25.2
CUM%	10.2	27.9	42.2	52.4	74.8	100

HOSPITAL N= 217 MEAN= 3.93 S.D.= 1.53

	0	1	2	3	4	5
F	11	14	15	21	35	121
%	5.1	6.5	6.9	9.7	16.1	55.8
CUM%	5.1	11.5	18.4	28.1	44.2	100

PSYCHIATRIC N= 540 MEAN= 2.58 S.D.= 1.78

	0	1	2	3	4	5
F	89	99	72	78	93	109
%	16.5	18.3	13.3	14.4	17.2	20.2
CUM%	16.5	34.8	48.1	62.6	79.8	100

----IRRITABILITY --------------------

PAIN CLINIC N= 231 MEAN= 2.62 S.D.= 1.88

	0	1	2	3	4	5	6
F	34	45	41	34	26	33	18
%	14.7	19.5	17.7	14.7	11.3	14.3	7.8
CUM%	14.7	34.2	51.9	66.7	77.9	92.2	100

GENERAL PRACTICE N= 147 MEAN= 2.45 S.D.= 1.67

	0	1	2	3	4	5	6
F	15	37	29	28	17	13	8
%	10.2	25.2	19.7	19.0	11.6	8.8	5.4
CUM%	10.2	35.4	55.1	74.1	85.7	94.6	100

HOSPITAL N= 217 MEAN= 1.85 S.D.= 1.59

	0	1	2	3	4	5	6
F	53	52	47	25	21	18	1
%	24.4	24.0	21.7	11.5	9.7	8.3	0.5
CUM%	24.4	48.4	70.0	81.6	91.2	99.5	100

PSYCHIATRIC N= 540 MEAN= 2.9 S.D.= 1.9

	0	1	2	3	4	5	6
F	59	93	103	72	78	71	64
%	10.9	17.2	19.1	13.3	14.4	13.1	11.9
CUM%	10.9	28.1	47.2	60.6	75.0	88.1	100

----WHITELEY INDEX OF HYPOCHONDRIASIS--------------------

PAIN CLINIC N= 231 MEAN= 5.25 S.D.= 3.32

	0	1	2	3	4	5	6	7	8	9	10
F	13	22	21	24	28	18	25	13	26	14	6
%	5.6	9.5	9.1	10.4	12.1	7.8	10.8	5.6	11.3	6.1	2.6
CUM%	5.6	15.2	24.2	34.6	46.8	54.5	65.4	71.0	82.3	88.3	90.9

	11	12	13	14
F	15	3	3	0
%	6.5	1.3	1.3	0.0
CUM%	97.4	98.7	100	100

GENERAL PRACTICE N= 147 MEAN= 2.99 S.D.= 2.59

	0	1	2	3	4	5	6	7	8	9	10
F	18	36	20	22	18	12	7	6	1	1	2
%	12.2	24.5	13.6	15.0	12.2	8.2	4.8	4.1	0.7	0.7	1.4
CUM%	12.2	36.7	50.3	65.3	77.6	85.7	90.5	94.6	95.2	95.9	97.3

	11	12	13	14
F	3	1	0	0
%	2.0	0.7	0.0	0.0
CUM%	99.3	100	100	100

HOSPITAL N= 95 MEAN= 4.46 S.D.= 3.17

	0	1	2	3	4	5	6	7	8	9	10
F	10	14	8	9	8	7	11	8	11	5	1
%	10.5	14.7	8.4	9.5	8.4	7.4	11.6	8.4	11.6	5.3	1.1
CUM%	10.5	25.3	33.7	43.2	51.6	58.9	70.5	78.9	90.5	95.8	96.8

	11	12	13	14
F	1	2	0	0
%	1.1	2.1	0.0	0.0
CUM%	97.9	100	100	100

PSYCHIATRIC N= 540 MEAN= 5.31 S.D.= 3.48

	0	1	2	3	4	5	6	7	8	9	10
F	29	55	47	63	58	56	39	44	43	31	21
%	5.4	10.2	8.7	11.7	10.7	10.4	7.2	8.1	8.0	5.7	3.9
CUM%	5.4	15.6	24.3	35.9	46.7	57.0	64.3	72.4	80.4	86.1	90.0

	11	12	13	14
F	25	15	10	4
%	4.6	2.8	1.9	0.7
CUM%	94.6	97.4	99.3	100

----AFFECTIVE STATE --------------------

PAIN CLINIC N= 231 MEAN= 7.13 S.D.= 4.29

	0	1	2	3	4	5	6	7	8	9	10
F	7	17	20	10	20	19	15	13	17	24	12
%	3.0	7.4	8.7	4.3	8.7	8.2	6.5	5.6	7.4	10.4	5.2
CUM%	3.0	10.4	19.0	23.4	32.0	40.3	46.8	52.4	59.7	70.1	75.3

	11	12	13	14	15	16	17	18	19	20
F	19	9	11	8	3	4	3	0	0	0
%	8.2	3.9	4.8	3.5	1.3	1.7	1.3	0.0	0.0	0.0
CUM%	83.5	87.4	92.2	95.7	97.0	98.7	100	100	100	100

GENERAL PRACTICE N= 147 MEAN= 6.2 S.D.= 3.86

	0	1	2	3	4	5	6	7	8	9	10
F	2	17	11	13	8	14	17	15	15	10	1
%	1.4	11.6	7.5	8.8	5.4	9.5	11.6	10.2	10.2	6.8	0.7
CUM%	1.4	12.9	20.4	29.3	34.7	44.2	55.8	66.0	76.2	83.0	83.7

	11	12	13	14	15	16	17	18	19	20
F	7	8	3	2	2	1	0	0	1	0
%	4.8	5.4	2.0	1.4	1.4	0.7	0.0	0.0	0.7	0.0
CUM%	88.4	93.9	95.9	97.3	98.6	99.3	99.3	99.3	100	100

HOSPITAL N= 217 MEAN= 5.67 S.D.= 3.65

	0	1	2	3	4	5	6	7	8	9	10
F	12	12	19	31	22	17	21	24	14	9	8
%	5.5	5.5	8.8	14.3	10.1	7.8	9.7	11.1	6.5	4.1	3.7
CUM%	5.5	11.1	19.8	34.1	44.2	52.1	61.8	72.8	79.3	83.4	87.1

	11	12	13	14	15	16	17	18	19	20
F	6	14	1	5	2	0	0	0	0	0
%	2.8	6.5	0.5	2.3	0.9	0.0	0.0	0.0	0.0	0.0
CUM%	89.9	96.3	96.8	99.1	100	100	100	100	100	100

PSYCHIATRIC N= 540 MEAN= 9.15 S.D.= 4.35

	0	1	2	3	4	5	6	7	8	9	10
F	8	16	21	16	28	24	28	51	46	46	45
%	1.5	3.0	3.9	3.0	5.2	4.4	5.2	9.4	8.5	8.5	8.3
CUM%	1.5	4.4	8.3	11.3	16.5	20.9	26.1	35.6	44.1	52.6	60.9

	11	12	13	14	15	16	17	18	19	20
F	44	44	37	31	17	10	11	9	7	1
%	8.1	8.1	6.9	5.7	3.1	1.9	2.0	1.7	1.3	0.2
CUM%	69.1	77.2	84.1	89.8	93.0	94.8	96.9	98.5	99.8	100

----DISEASE AFFIRMATION ---------------------

PAIN CLINIC N= 231 MEAN= 7.65 S.D.= 2.17

	0	1	2	3	4	5	6	7	8	9	10	11
F	1	1	3	6	13	14	19	40	39	46	39	10
%	0.4	0.4	1.3	2.6	5.6	6.1	8.2	17.3	16.9	19.9	16.9	4.3
CUM%	0.4	0.9	2.2	4.8	10.4	16.5	24.7	42.0	58.9	78.8	95.7	100

GENERAL PRACTICE N= 147 MEAN= 4.6 S.D.= 1.66

	0	1	2	3	4	5	6	7	8	9	10	11
F	0	0	7	30	46	33	11	9	8	1	1	1
%	0.0	0.0	4.8	20.4	31.3	22.4	7.5	6.1	5.4	0.7	0.7	0.7
CUM%	0.0	0.0	4.8	25.2	56.5	78.9	86.4	92.5	98.0	98.6	99.3	100

HOSPITAL N= 217 MEAN= 6.39 S.D.= 1.99

	0	1	2	3	4	5	6	7	8	9	10	11
F	0	0	1	16	24	36	35	42	27	21	13	2
%	0.0	0.0	0.5	7.4	11.1	16.6	16.1	19.4	12.4	9.7	6.0	0.9
CUM%	0.0	0.0	0.5	7.8	18.9	35.5	51.6	71.0	83.4	93.1	99.1	100

PSYCHIATRIC N= 540 MEAN= 5.87 S.D.= 2.26

	0	1	2	3	4	5	6	7	8	9	10	11
F	1	3	22	60	80	88	79	72	62	30	35	8
%	0.2	0.6	4.1	11.1	14.8	16.3	14.6	13.3	11.5	5.6	6.5	1.5
CUM%	0.2	0.7	4.8	15.9	30.7	47.0	61.7	75.0	86.5	92.0	98.5	100

----DISCRIMINANT FUNCTION--------------------

PAIN CLINIC N= 231 MEAN= 7.78 S.D.= 1.72

	0	1	2	3	4	5	6	7	8	9	10
F	0	1	1	4	4	18	17	33	63	61	29
%	0.0	0.4	0.4	1.7	1.7	7.8	7.4	14.3	27.3	26.4	12.6
CUM%	0.0	0.4	0.9	2.6	4.3	12.1	19.5	33.8	61.0	87.4	100

GENERAL PRACTICE N= 147 MEAN= 5.32 S.D.= 1.29

	0	1	2	3	4	5	6	7	8	9	10
F	0	0	0	7	27	60	34	8	7	3	1
%	0.0	0.0	0.0	4.8	18.4	40.8	23.1	5.4	4.8	2.0	0.7
CUM%	0.0	0.0	0.0	4.8	23.1	63.9	87.1	92.5	97.3	99.3	100

HOSPITAL N= 217 MEAN= 6.94 S.D.= 1.52

	0	1	2	3	4	5	6	7	8	9	10
F	0	0	0	2	9	23	59	46	35	37	6
%	0.0	0.0	0.0	0.9	4.1	10.6	27.2	21.2	16.1	17.1	2.8
CUM%	0.0	0.0	0.0	0.9	5.1	15.7	42.9	64.1	80.2	97.2	100

PSYCHIATRIC N=540 MEAN= 5.84 S.D.=1.92

	0	1	2	3	4	5	6	7	8	9	10
F	0	1	11	43	83	120	95	72	56	41	18
%	0.0	0.2	2.0	8.0	15.4	22.2	17.6	13.3	10.4	7.6	3.3
CUM%	0.0	0.2	2.2	10.2	25.6	47.8	65.4	78.7	89.1	96.7	100

<u>CATEGORY</u>

1	=	$DF \leqslant 10$
2	=	$10 < DF \leqslant 20$
3	=	$20 < DF \leqslant 30$
4	=	$30 < DF \leqslant 40$
5	=	$40 < DF \leqslant 50$
6	=	$50 < DF \leqslant 60$
7	=	$60 < DF \leqslant 70$
8	=	$70 < DF \leqslant 80$
9	=	$80 < DF \leqslant 90$
10	=	$90 < DF \leqslant 100$

APPENDIX G: SUMMARY

Table 1. Distribution of age and sex in various clinical populations

Population	N	Age	S.D.	Study[1]
Hypochondriacal patients	100			C
Males	38	44.0	12.1	
Females	62	44.2	13.1	
Non-hypochodriacal patients	100			C
Males	46	37.5	16.4	
Females	54	37.5	14.3	
Adelaide pain clinic patients	100	49.1	14.9	A
Males	48			
Females	52			
Adelaide pain clinic patients	100	45.1	13.8	D,E,F
Males	51	45.7	12.5	
Females	49	44.5	15.1	
Adelaide pain clinic patients	145	43.8	13.8	F
Males	65	43.2	12.9	
Females	80	44.4	14.6	
Adelaide General practice patients	150	36.8	16.3	B,E,F
Males	55	36.7	16.6	
Females	95	36.6	24.5	
Adelaide coronary by-pass				
Males	122	53.3	7.6	B
Adelaide psychiatric patients	250	38.2	16.5	F
Males	101	37.7	16.7	
Females	149	38.4	16.4	
Canberra M.I. patients	120	52.4	7.9	B
Males	93			
Females	27			
Seattle general practice patients	78			E,F
Males	17	41.5	18.0	
Females	61	37.3	13.3	
Seattle pain clinic patients	100			E,F
Males	27	45.5	15.6	
Females	73	43.9	13.2	

[1] A = 52 item factor analysis
B = 62 item factor analysis
C = Whiteley Index factor analysis
D = Second order factor analysis
E = Discriminant function analysis
F = Normative data

APPENDIX H: VALIDITY OF IBQ : CRITERION GROUP DISCRIMINATION

Table 1. Adelaide general practice population vs. pain clinic population.

IBQ Scales	General Practice (n=147) $\bar{X}$ (s.d.)	Pain Clinic (n=231) $\bar{X}$ (s.d.)	Significance
General Hypochondriasis	1.44 (1.84)	1.94 (2.1)	$p<0.05$
Disease Conviction	1.59 (1.36)	3.43 (1.62)	$p<0.001$
Psychological vs. Somatic	1.99 (0.84)	0.78 (1.05)	$p<0.001$
Affective Inhibition	2.46 (1.6)	2.26 (1.69)	ns
Affective Disturbance	2.31 (1.62)	2.57 (1.73)	ns
Denial	2.93 (1.74)	3.64 (1.58)	$p<0.001$
Irritability	2.45 (1.67)	2.62 (1.88)	ns

APPENDIX H: VALIDITY OF IBQ

Table 2. Psychiatric population vs. pain clinic population.

IBQ Scales	Psychiatric (n=540) $\overline{X}$ (s.d.)	Pain Clinic (n=231) $\overline{X}$ (s.d.)	Significance
General Hypochondriasis	2.69 (2.31)	1.94 (2.1)	$p<0.001$
Disease Conviction	3.02 (1.69)	3.43 (1.62)	$p<0.05$
Psychological vs. Somatic	2.15 (1.26)	0.78 (1.05)	$p<0.001$
Affective Inhibition	2.98 (1.52)	2.26 (1.69)	$p<0.001$
Affective Disturbance	3.56 (1.64)	2.57 (1.73)	$p<0.001$
Denial	2.58 (1.78)	3.64 (1.58)	$p<0.001$
Irritability	2.9 (1.9)	2.62 (1.88)	ns

APPENDIX I: SAMPLE REPORT FORM (i).

ILLNESS BEHAVIOUR QUESTIONNAIRE REPORT FORM

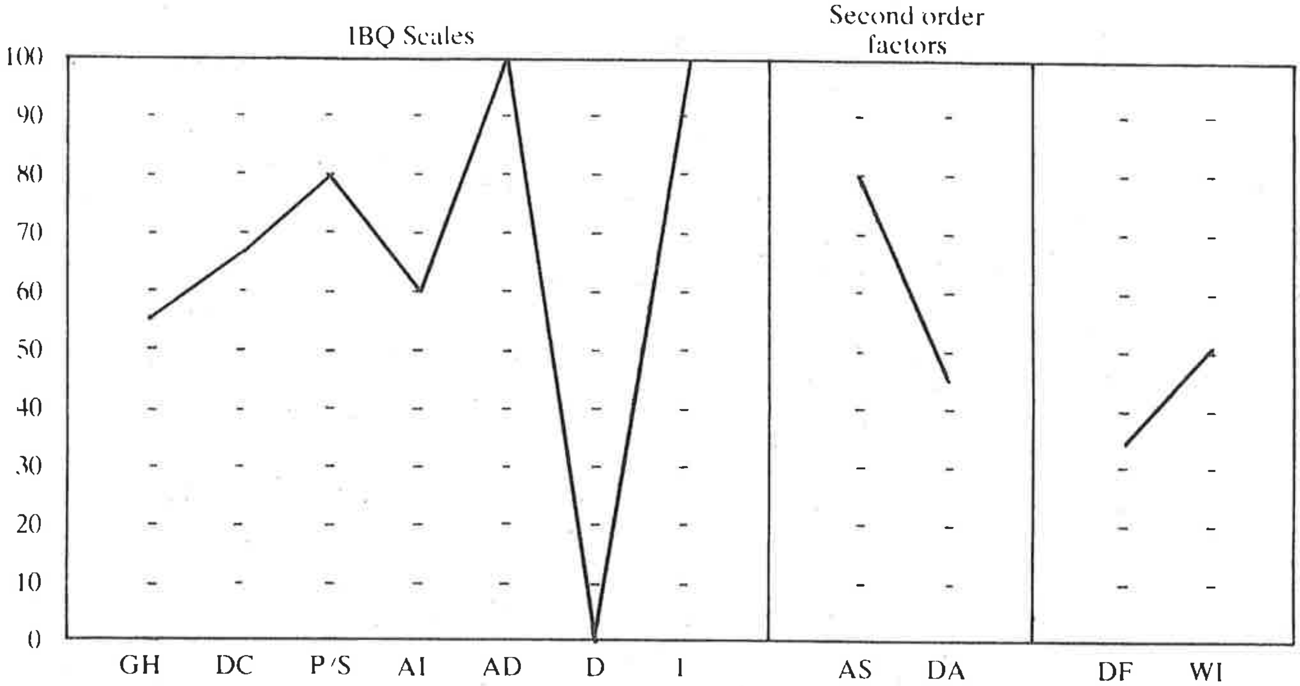
NAME: CASE NO. 1. **DATE:** ______

AGE: 28 **POPULATION:** PSYCHIATRIC
(e.g. inpatient, outpatient)

DIAGNOSIS: INDEPENDENT CLINICAL DIAGNOSIS - Affective Disorder.

SCALES

	GH	DC	P/S	AI	AD	D	I	AS	DA	DF	WI
Raw Scores	5	4	4	3	5	0	6	16	5	34	7
Range	0-9	0-6	0-5	0-5	0-5	0-5	0-6	0-20	0-11	0-100	0-14
% Scores	56	67	80	60	100	0	100	80	46	34	50



Key

GH — General Hypochondriasis
DC — Disease Conviction
P/S — Psychological (high score) v.s. Somatic Focusing
AI — Affective Inhibition
AD — Affective Disturbance
D — Denial
I — Irritability

AS — Affective State (GH + AD + I)
DA — Disease Affirmation (DC + (5 - P/S))
DF — Discriminant Function 53.8 + 5.7 (DC) -10.2 (P/S) -.6 (AI) + 2.4 (D).
(Likelihood of a conversion reaction)
WI — Whiteley Index
(Likelihood of Hypochondriacal syndrome)

INTERPRETATION BY: ______

The maximal scores on Affective Disturbance and Irritability, with a high score on the second order factor Affective State, point to an affective illness. The complete lack of Denial, and high score on Psychological versus Somatic focusing suggest that this illness is perceived and acknowledged as reactive to current life stresses. There is evidence of some somatic preoccupation and hypochondriasis.

No inference as to the presence or absence of somatic pathology should be made on the basis of this report alone.

Enquiries: Professor I. Pilowsky, University of Adelaide, Department of Psychiatry, Royal Adelaide Hospital, Adelaide, South Australia. 5001.

APPENDIX I: SAMPLE REPORT FORM (ii)

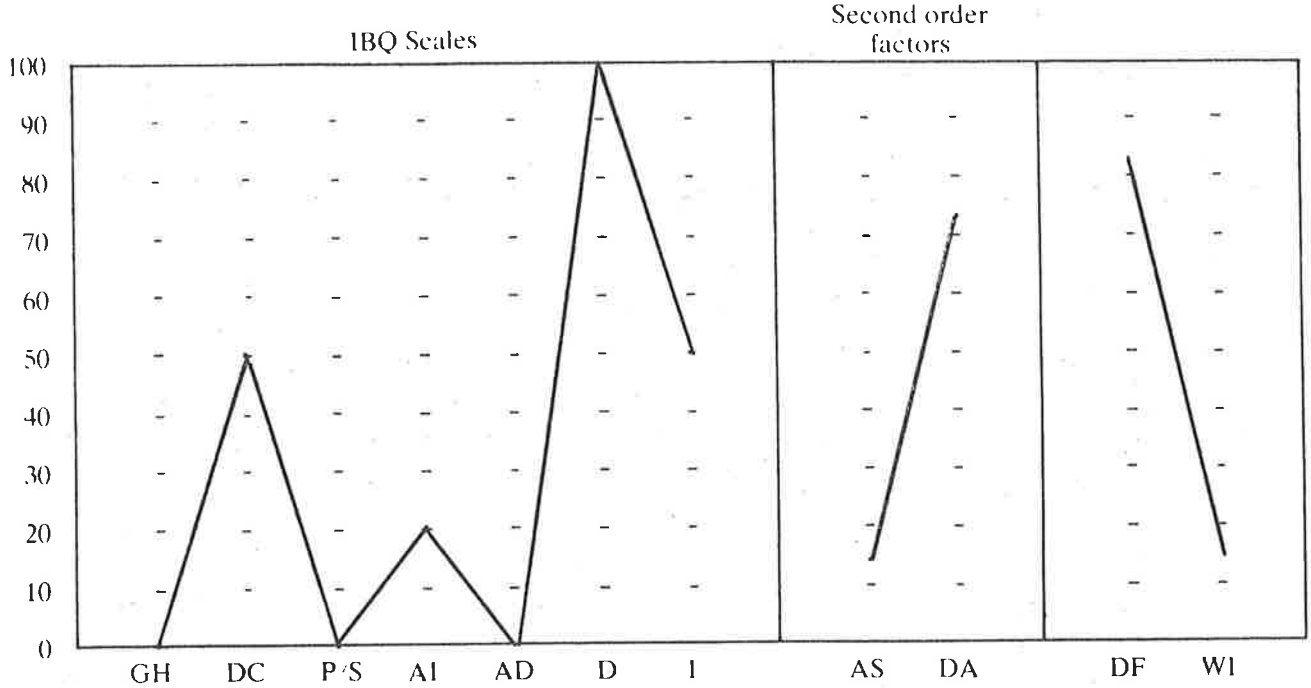
ILLNESS BEHAVIOUR QUESTIONNAIRE REPORT FORM

NAME: CASE NO. 2. **DATE:**

AGE: 51 **POPULATION:** PAIN CLINIC
(e.g. inpatient, outpatient)

DIAGNOSIS: INDEPENDANT CLINICAL DIAGNOSIS - Conversion Disorder.

SCALES	GH	DC	P/S	AI	AD	D	I	AS	DA	DF	WI
Raw Scores	0	3	0	1	0	5	3	3	8	82.3	2
Range	0-9	0-6	0-5	0-5	0-5	0-5	0-6	0-20	0-11	0-100	0-14
% Scores	0	50	0	20	0	100	50	15	73	82	15



Key

GH — General Hypochondriasis
DC — Disease Conviction
P/S — Psychological (high score) v.s. Somatic Focusing
AI — Affective Inhibition
AD — Affective Disturbance
D — Denial
I — Irritability

AS — Affective State (GH + AD + I)
DA — Disease Affirmation (DC + (5 - P/S))
DF — Discriminant Function 53.8 + 5.7 (DC) -10.2 (P/S) -.6 (AI) + 2.4 (D).
(Likelihood of a conversion reaction)
WI — Whiteley Index
(Likelihood of Hypochondriacal syndrome)

INTERPRETATION BY:

The probability of conversion (Discriminant Function score) is extremely high, making the diagnosis of conversion syndrome very likely. There are no hypochondriacal features, and complete denial of Affective Disturbance. The low scores on Scales 3 and 5, with a maximal score on Scale 6, indicate gross Denial and Somatic Focusing, suggestive of a conversion disorder. The second order factor scores support this conclusion.

No inference as to the presence or absence of somatic pathology should be made on the basis of this report alone.

Enquiries: Professor I. Pilowsky, University of Adelaide, Department of Psychiatry, Royal Adelaide Hospital, Adelaide, South Australia. 5001.

APPENDIX I: SAMPLE REPORT FORM (iii)

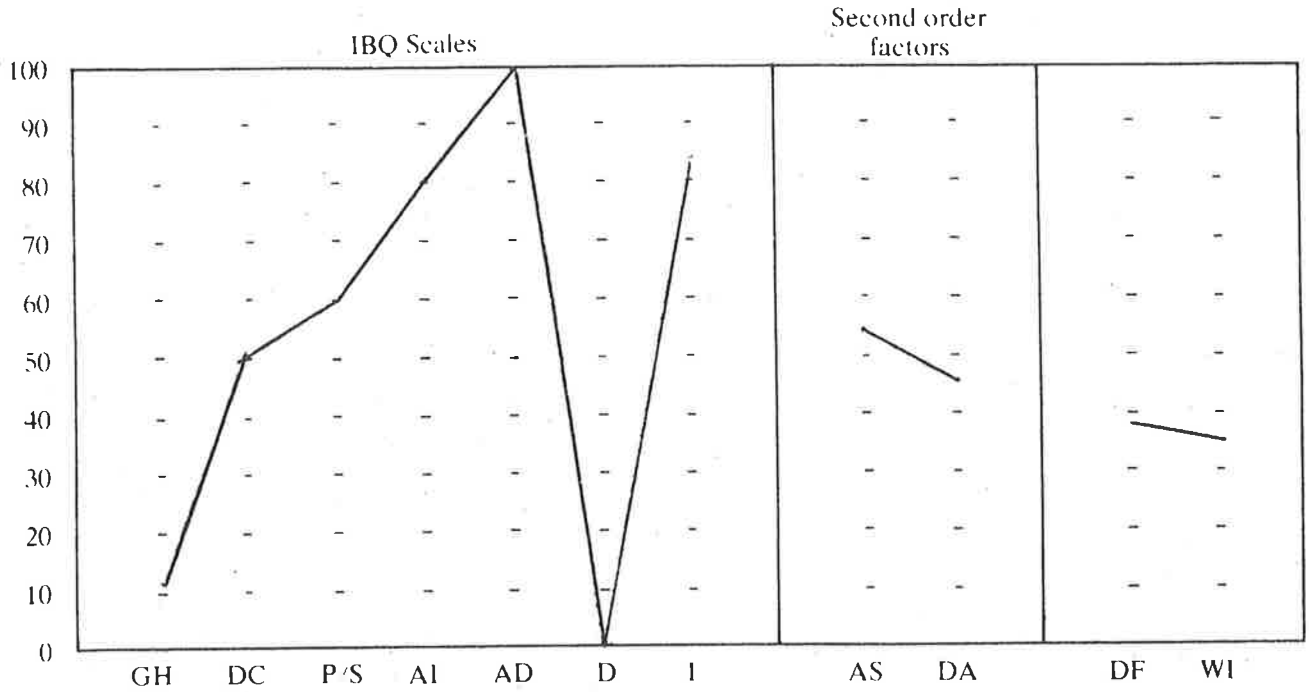
ILLNESS BEHAVIOUR QUESTIONNAIRE REPORT FORM

NAME: CASE NO. 3. **DATE:**

AGE: 40 **POPULATION:** PSYCHIATRIC
(e.g. inpatient, outpatient)

DIAGNOSIS: INDEPENDENT CLINICAL DIAGNOSIS - Reactive Depressive Illness.

SCALES	GH	DC	P/S	AI	AD	D	I	AS	DA	DF	WI
Raw Scores	1	3	3	4	5	0	5	11	5	37.9	5
Range	0-9	0-6	0-5	0-5	0-5	0-5	0-6	0-20	0-11	0-100	0-14
% Scores	12	50	60	80	100	0	84	55	46	38	36



Key

GH — General Hypochondriasis
DC — Disease Conviction
P/S — Psychological (high score) v.s. Somatic Focusing
AI — Affective Inhibition
AD — Affective Disturbance
D — Denial
I — Irritability

AS — Affective State (GH + AD + I)
DA — Disease Affirmation (DC + (5 - P/S))
DF — Discriminant Function 53.8 + 5.7 (DC) -10.2 (P/S) -.6 (AI) + 2.4 (D).
(Likelihood of a conversion reaction)
WI — Whiteley Index
(Likelihood of Hypochondriacal syndrome)

INTERPRETATION BY:

The maximal scores on Affective Disturbance and Irritability, suggest an affective disorder. The patient acknowledges psychological and social components of his present illness as shown by a relatively high score on Scale 3 (Psychological versus Somatic Focusing) and a zero score on Scale 6 (Denial).

No inference as to the presence or absence of somatic pathology should be made on the basis of this report alone.

Enquiries: Professor I. Pilowsky, University of Adelaide, Department of Psychiatry, Royal Adelaide Hospital, Adelaide, South Australia. 5001.

A P P E N D I X 111

P S Y C H O L O G I C A L

T E S T S C O R E S

Score Values to Answers of S.S. TEST

DIRECTIONS: Read each statement and then tick to indicate how you feel RIGHT NOW, that is, AT THIS MOMENT. There are no right or wrong answers. Do not spend too much time on any one statement but give the answer which seems to describe your PRESENT feelings best.

		NOT AT ALL	SOMEWHAT	MODERATELY SO	VERY MUCH SO	For office use
301.	I feel calm.	4	3	2	1	( )
302.	I feel secure.	4	3	2	1	( )
303.	I am tense.	1	2	3	4	( )
304.	I am regretful.	1	2	3	4	( )
305.	I feel at ease.	4	3	2	1	( )
306.	I feel upset.	1	2	3	4	( )
307.	I am presently worrying over possible misfortunes.	1	2	3	4	( )
308.	I feel rested.	4	3	2	1	( )
309.	I feel anxious.	1	2	3	4	( )
310.	I feel comfortable.	4	3	2	1	( )
311.	I feel self confident.	4	3	2	1	( )
312.	I feel nervous.	1	2	3	4	( )
313.	I am jittery.	1	2	3	4	( )
314.	I feel high strung.	1	2	3	4	( )
315.	I am relaxed.	4	3	2	1	( )
316.	I feel content.	4	3	2	1	( )
317.	I am worried.	1	2	3	4	( )
318.	I feel over-excited and rattled.	1	2	3	4	( )
319.	I feel joyful.	4	3	2	1	( )
320.	I feel pleasant.	4	3	2	1	( )

Score Values to Answers of S.T. Test

DIRECTIONS: Read each statement and then tick to indicate how you GENERALLY FEEL. There no right or wrong answers. Do not spend too much time on any one statement, but give the answer which seems to best describe how you GENERALLY FEEL.

		ALMOST NEVER	SOMETIMES	OFTEN	ALMOST ALWAYS	For office use
321.	I feel pleasant	4	3	2	1	( )
322.	I tire quickly.	1	2	3	4	( )
323.	I feel like crying.	1	2	3	4	( )
324.	I wish I could be as happy as others seem to be.	1	2	3	4	( )
325.	I am losing out on things because I can't make up my mind soon enough.	1	2	3	4	( )
326.	I feel rested.	4	3	2	1	( )
327.	I am calm, cool and collected.	4	3	2	1	( )
328.	I feel that difficulties are piling up so that I cannot overcome them.	1	2	3	4	( )
329.	I worry too much over something that doesn't really matter.	1	2	3	4	( )
330.	I am happy.	4	3	2	1	( )
331.	I am inclined to take things hard.	1	2	3	4	( )
332.	I lack self confidence.	1	2	3	4	( )
333.	I feel secure.	4	3	2	1	( )
334.	I try to avoid facing a crisis or difficulty.	1	2	3	4	( )
335.	I feel blue.	1	2	3	4	( )
336.	I am content.	4	3	2	1	( )
337.	Sometimes unimportant thought/s run through my mind and bother me.	1	2	3	4	( )
338.	I take dissappointments so keenly that I can't put them out of my mind.	1	2	3	4	( )
339.	I am a steady person.	4	3	2	1	( )
340.	I get into a state of tension or turmoil as I think over my recent concerns and interests.	1	2	3	4	( )

Score Values to Answers of Z. Test

DIRECTIONS: Read each statement and then tick to indicate how you GENERALLY FEEL. There are no right or wrong answers. Do not spend too much time on any one statement, but give the answer which seems to best describe how you GENERALLY FEEL.

		A LITTLE OF THE TIME	SOME OF THE TIME	GOOD PART OF THE TIME	MOST OF THE TIME	For Off:)us
341.	I feel down-hearted and blue.	1	2	3	4	( )
342.	Morning is when I feel the best.	4	3	2	1	( )
343.	I have crying spells or feel like it.	1	2	3	4	( )
344.	I have trouble sleeping at night.	1	2	3	4	( )
345.	I eat as much as I used to.	4	3	2	1	( )
346.	I still enjoy sex.	4	3	2	1	( )
347.	I notice that I am losing weight.	1	2	3	4	( )
348.	My heart beats faster than usual.	1	2	3	4	( )
349.	I have trouble with constipation.	1	2	3	4	( )
350.	I get tired for no reason.	1	2	3	4	( )
351.	My mind is as clear as it used to be.	4	3	2	1	( )
352.	I find it easy to do the things I used to.	4	3	2	1	( )
353.	I am restless and can't keep still.	1	2	3	4	( )
354.	I feel hopeful about the future.	4	3	2	1	( )
355.	I am more irritable than usual.	1	2	3	4	( )
356.	I find it easy to make decisions.	4	3	2	1	( )
357.	I feel that I am useful and needed.	4	3	2	1	( )
358.	My life is pretty full.	4	3	2	1	( )
359.	I feel that others would be better off if I were dead.	1	2	3	4	( )
360.	I still enjoy the things I used to do.	4	3	2	1	( )

LIFE EVENTS

Score Values to Answers of Questions on Schedule of Recent Experience (SRE)

QUESTION	SRE QUESTION	MEAN VALUE
400	Trouble with boss...........................	23
401	Change in sleeping habits.................	16
402	Change in eating habits...................	15
403	Revision of personal habits...............	24
404	Change in recreation......................	19
405	Change in social activities...............	18
406	Change in church activities...............	19
407	Change in number of family get-togethers...	15
408	Change in financial state.................	38
409	Trouble with in-laws......................	29
410	Change in number of arguments with spouse..	35
411	Sex difficulties..........................	39
412	Personal injury or illness................	53
413	Death of close family member..............	63
414	Death of spouse...........................	100
415	Death of close friend.....................	37
416	Marital reconciliation....................	45
417	Pregnancy.................................	40
418	Gain of new family member.................	39
419	Change in health of family member..........	44
420	Change in residence.......................	20

QUESTION	SRE QUESTION	MEAN VALUE
421	Jail term..................................	63
422	Minor violations of the law................	11
423	Business readjustment......................	39
424	Marriage...................................	50
425	Divorce....................................	73
426	Marital separation.........................	65
427	Outstanding peersonal achievement..........	28
428	Son or daughter leaving home...............	29
429	Retirement.................................	45
430	Change in work hours or conditions.........	20
431	Change in responsibility at work...........	29
432	Fired at work..............................	47
433	Change in living conditions................	25
434	Wife being or stop work....................	26
435	Mortgage over $20,000......................	31
436	Mortgage or loan less than $20,000.........	17
437	Foreclosure of mortgage or loan............	30
438	Vacation...................................	13
439	Change in schools..........................	20
440	Change to different line of work...........	36
441	Begin or end school........................	26

– Score by:

– Multiply score by (a) number of years (400 to 411)

(b) number of events (412 to 441)

SERIOUS LIFE EVENTS

This was a modified score from the scores listed above. Only events that scored more than 20 points were included in this particular list. As such scores were added from positive replies to:

Question	Question
400	423
403	424
408	425
409	426
410	427
411	428
412	429
413	431
414	432
415	433
416	434
417	435
418	437
419	440
421	441

APPENDIX IV

STATISTICAL ANALYSIS

A "parameter" is a statistical property of a population and the "mean" and "standard deviation" are such parameters. A "parametric test" is one whose model makes certain assumptions about the population being tested or about the parameters of the population being tested. For instance, the "t-test", which is a test used to verify whether two samples have the same mean, assumes that both samples are from normally distributed populations, and that the two populations have the same variance. The t-test model actually makes a more fundamental assumption and that is that the mean and variance are meaningful measures for the data being analyzed.

It is important when using statistical analysis, to use it appropriately. Clearly, one cannot assign the number 1 to Australia, 2 to Europe, 3 to America and so on, and then compute the "place of birth" for the sample as the mean of the assigned numbers. The question as to whether certain statistics are meaningful for a given sample is best answered through the concept of level of measurement.

The traditional classification of levels of measurement defines four levels:

Nominal Each value is a distinct category. You can only tell if two objects are the same or different. For instance, occupation is a measurement on nominal scale. Appropriate statistics for data on the nominal scale are frequency counts, and the mode.

Ordinal — The different values have some kind of ranking system whereby you can tell if some value is "more" or "less", or "equal" to some other value. Severity of pain is on an ordinal scale.

Interval — The values are not only "rankable" (as in an ordinal scale), but also the difference between values is meaningful. The measurement of age in years is interval, since it can be shown that the difference between 10 and 20 years is the same as the difference between 60 and 70 years.

Ratio — The scale is not only interval but there is also a naturally defined zero point, which makes ratio comparisons possible. For example, since zero degrees Fahrenheit is artificially defined, one cannot really say that 20 degrees is twice as hot as 10 degrees. However, it is valid to say that 20 teeth are twice as many as 10 teeth. The ratio scale is only mentioned for completeness; as far as data requirements for statistical tests are concerned, ratio and intervals are identical.

Nonparametric tests make fewer assumptions about the population parameters than do parametric tests such as the "t-test" or one-way analysis of variance. Also, nonparametric tests are applicable to ordinal data and/or nominal data, whereas the standard parametric tests require at least, an interval scale. The latter fact may be the more relevant because data is very often on an ordinal or nominal scale. Table A4.1 shows the various tests used on the different types of data obtained from this project.

Wherever statistical analysis has been carried out in this thesis the respective statistical test that was used has been mentioned. In general the following statistical analysis was carried out on the respective categories:

t-test	Number of Teeth, Age, Contacts, Duration of Pain, Psychological Indices.
Chi-square	Sexual Problems, Radiographic Index, Muscle Index, Joint Index, Teeth Index, Clinical Index, Anamnestic Index, Country of Origin, Total Teeth Index, Occupation, Marital Status, Cured rate.
Mann Whitney U test	Serious Life Events, Life Events, Zung Depression Test, Spielberger Anxiety Trait Test, Spielberger Anxiety State Test, Whiteley Index, Discriminant Function, Disease Affirmation, Affective State, General Hypochondriasis, Disease Conviction, Psychological V's Somatic Focusing, Affective Inhibition, Affective Disturbance, Denial, Irritability.

TABLE A4.1

The following tests have been chosen to analysize the data for this present project.

Statistical Tests of Significance

Data Scale	Nominal	Ordinal	Interval/Ratio
2 related samples		Sign	Paired t-test
2 independent samples	Chi-square	Mann-Whitney U	t-test

APPENDIX V

Introduction

The data obtained in this study were voluminous. There were in the vicinity of 70,000 independant variables measured and recorded. From these, a further 30 to 40 dependant variables or indices were created for each individual patient. The S.P.S.S. computer programme allowed statistical analysis on all of these. However, it was not practical to report much of this analysis and as such only some has been included in this thesis.

The information obtained from this project could be divided into two broad categories of "epidemiology" and "statistical analysis". However, the main aim of this study was not to obtain epidemiological information. Hence it was not given any prominence in the main text of this thesis. Never-the-less, the information was valuable and interesting, particularly to someone aquainted with the epiemilogical aspects of TMJ Dysfunction. As such some of the epidemiological features of this study was set out in Part A of Appendix V. A small reference has been made to some of this data in Chapter VII.

The major objective of this project was to compare different variables both between and within various groups. Further, any significant associations were sought. Finally, mathematical discriminant functions (formulae) were developed which could distinguish patients in one particular group from patients in another. The volume of results and statistical analysis that fell into these categories was enormous and because of this only some of the analysis has been included. Even then, the extent of the results has been so great that only some of the results of particular interest have been referred to in Chapters VII and VIII. However, it was felt that the bulk of information contained in this analysis was both important and interesting. Therefore, they have been included at some length in Part B of this Appendix V. It should be noted that some of this statistical analysis generated quite a deal of secondary epidemiological information.

2. Definitions

Throughout this Appendix V, various headings will be used. These headings have been previously discussed in other chapters. However, in order to save referral back to those chapters, the headings will be defined again in the following pages. It should be noted that not all the headings were used in every part or section.

AGE: Refers to the age (in years) of the individual patients in the study.

ANAMNESTIC INDEX: Refers to the respective Helkimo Index described in Chapter VI. It was formulated from the answers to Questions 31 to 45 (Form A, Appendix I). All answers answered in the negative meant that the patient was classified as 0. Any "Yes" answers to questions 31 to 34 and all negative to Question 41 to 45 were classified as I, and any "Yes" answers to Questions 41 to 45 resulted in the patient being classified as II.

CLINICAL

INDEX: Refers to the respective modified Helkimo Index mentioned in Chapter VI. Questions 61 to 108 (Form B, Appendix I) were answered by the clinician to obtain a total score. The original Index has been modified by reducing it to three categories [which are fewer than originally stated by Helkimo (1974) (a)]. A score of zero was classified as 0. Between 1 and 9 was categorised as I, whilst 10 to a maximum of 25 was II.

MUSCLE

INDEX: Refers to the Index created from Questions 66, 71 and 108 (Form B, Appendix I).In other words it was a "sub-index" of the Clinical Index mentioned above. A combined score of zero was categorised as 0; between 1 and 3 was categorised as I and a score of 4 or more was II. Thus minor muscle dysfunction was categorised as I, whilst more severe dysfunction as II.

TMJ

INDEX: Refers to the Index created from Questions 83 and 91 (Form B, Appendix I). In other words it was the remaining, resultant "sub-index" from the Clinical Index, after the "Muscle Index" had been created. 0 was the category for a score of zero. I was for a score between 1 and 2, and II was the category for a score of 3 or more.

COUNTRY: Refers to the country of origin. The code numbers are shown on page A.1.3.

MARITAL STATUS: Refers to whether the patient was married or not. The code numbers are shown on page A.1.3.

OCCUPATION: Refers to what the patient did for a living. The code numbers are shown on page A.1.3.

PAIN DURATION: Refers to the number of months that the patient said that they had had pain. (Question 52, Form A).

CLINICAL ASSESSMENT: Refers to Question 109 (Form B), which was the category in which the clinician assessed the patient to be (described in Chapter VI).

Four categories were possible:-

1. TMJ Dysfunction.
2. TMJ Dysfunction with other muscle-skeletal problems.
3. Atypical Facial Pain.
4. Dental Pain - Control patient.

SEXUAL PROBLEMS: Refers to the answers given to Questions 225, 346, 411 (Form A, Appendix I). If there was an indication that there were sexual problems, a diagnosis of "Bad Sex" was made and categorised as 008. The patient was placed in a "Good Sex" category if they reported no problems and was labelled 007.

NUMBER OF TEETH: Refers to the number of natural, erupted teeth that the patient had remaining.

TEETH INDEX: Refers to an Index created in order to categorise number of natural teeth into three groups . No teeth present was called 0. Between 1 and 19 teeth was categorised as I, and 20 or more was grouped as II.

TOTAL TEETH INDEX: Refers to Index created for the combined number of either natural or artificial teeth in the patients mouth. 0 refers to no teeth at all. Between 1 and 19 units was categorised as I, and 20 or more was II.

CONTACTS: Refers to the number of either natural or artificial teeth contacting one another in opposing dental arches.

RADIOGRAPHIC

INDEX: Refers to the Index for radiographic assessment (as described in Chapter VI). Questions 151 to 162 inclusive on Form B (Appendix I) allowed scores to be given by the clinician for a variety of radiographic changes seen in the condyle head. If the cumulative total of these scores was zero then the Index was categorised as 0. A score between 1 and 2 was categorised as I and a score of 3 or more was classified as II. This meant that one or two minor radiographic changes seen in the condyle (ie score of 1 or 2) were categorised as I. However, one or more severe problems were scored as 3 or more and so resulted in a category of II. Similarly, three or more minor changes were categorised as II.

GENERAL

HYPOCHONDRIASIS:

Refers to "Scale 1" obtained from the IBQ (Questions 201 to 263, Form A, Appendix I). Both the IBQ and Scale I are fully described in Appendix II.

DISEASE

CONVICTION: Refers to "Scale 2" (obtained from the IBQ) which is fully described in Appendix II and drawn from Questions 201 to 263 (Form A, Appendix I).

PSYCHOLOGICAL V's SOMATIC FOCUSING: Refers to "Scale 3" calculated from the IBQ (Question 201 to 263, Form A, Appendix I). A more detailed explanation is found in Appendix II.

AFFECTIVE INHIBITION: Refers to "Scale 4" which is described in Appendix II and is drawn from the Questions 201 to 263 in Form A (Appendix I).

AFFECTIVE DISTURBANCE: Refers to "Scale 5" which is calculated from the answers to Questions 201 to 263 in Form A (Appendix I) and described in detail in Appendix II.

DENIAL: Refers to "Scale 6" which is calculated from answers to Questions 201 to 263 in Form A (Appendix I).

IRRITABILITY: Refers to "Scale 7" which is described in Appendix II. It is calculated from answers to Questions 201 to 263 in Form A, (Appendix I).

AFFECTIVE STATE: Refers to a "second order" factor which is obtained by adding Scales 1, 5 and 7. This is fully described in Appendix II.

DISEASE

AFFIRMATION: Refers to a "second order" factor which is calculated by adding Scale 2 + (5 - Scale 3). This is more fully explained in Appendix II

DISCRIMINANT

FUNCTION: Refers to a "discriminating function" (formula) which is calculated as described in detail in Appendix II.

WHITELEY

INDEX: Refers to an Index calculated from answers to some of the Questions 201 to 263 in Form A (Appendix I). It is described in detail in Appendix II.

SPIELBERGER

STATE SCORE: Refers to the scores of patients calculated from answers to Questions 301 to 320 (Form A, Appendix I). It is a score that was a measure of anxiety at the time of questioning and the methodology is more fully described in Chapter VI and Appendix III.

SPIELBERGER

TRAIT SCORE: Refers to the scores for patients from their answers to Questions 321 to 340. It was a score that represented the anxiety trait of the patient and is described in more detail in Chapter VI and Appendix III.

ZUNG DEPRESSION SCORE: Refers to the scores of patients from their answers to Questions 341 to 360. It was a representative score for depression and is described in more detail in Chapter VI and Appendix III.

LIFE EVENTS: Refers to the score obtained from answers to Questions 401 to 441. The method of scoring is described in Appendix III. The scores were an indication of how many substantial life changes occured to the patient in the three years preceeding their attendance for their problem.

SERIOUS EVENTS: Refers to a modified Life Events score and is described in detail in Appendix III. It was developed in order to assess whether it was the more serious life changes that were important, in relation to any illness, compared to more minor life events.

CURED: Refers to categories given to the outcome of treatment which was assessed from the answers of patients to questions asked in a "follow up" survey (Form E, Appendix II). They answered whether they were : "Completely better" or "better" which was categorised as 0; "the same" or "worse" which was categorised as 1.

TIME ELAPSED: Refers to the time (in months) elapsed from the initial examination to when the patients were surveyed, (Form E, Appendix I) as to whether or not they felt that their symptoms had resolved.

TREATMENT TIME: Refers to the treatment time (in months). In other words, the time from the initial examination to when the patient was discharged after treatment.

INITIAL TREATMENT: Refers to the types of treatment commenced at the first visit. A variety of treatments were available and prescribed. These have been shown in Chapter VI. The numerical categories shown in Appendix V were as follows:

1. Exercises
2. Arthroscopy
3. Surgery
4. Bite Appliance
5. Drugs
6. Placebo
7. No Treatment

SECOND AND THIRD TREATMENT: Refers to the type of treatment commenced at the respective visit. The various categories are mentioned in Chapter VI and described above.

APPENDIX V

PART A

EPIDEMIOLOGY

APPENDIX V

PART A

SECTION 1

(Pages A.1.1 to A.1.27)

This section shows frequency distribution and mean data of all the subjects in the study.

AGE

CATEGORY LABEL	CODE	ABSOLUTE FREQ	RELATIVE FREQ (PCT)	ADJUSTED FREQ (PCT)	CUM FREQ (PCT)
	15.	4	2.3	2.3	2.3
	16.	1	.6	.6	2.8
	17.	5	2.8	2.8	5.7
	18.	6	3.4	3.4	9.1
	19.	7	4.0	4.0	13.1
	20.	2	1.1	1.1	14.2
	21.	2	1.1	1.1	15.3
	22.	5	2.8	2.8	18.2
	23.	10	5.7	5.7	23.9
	24.	5	2.8	2.8	26.7
	25.	6	3.4	3.4	30.1
	26.	2	1.1	1.1	31.3
	27.	5	2.8	2.8	34.1
	28.	2	1.1	1.1	35.2
	29.	3	1.7	1.7	36.9
	30.	4	2.3	2.3	39.2
	31.	3	1.7	1.7	40.9
	33.	5	2.8	2.8	43.8
	34.	4	2.3	2.3	46.0
	35.	4	2.3	2.3	48.3
	36.	4	2.3	2.3	50.6
	37.	2	1.1	1.1	51.7
	38.	5	2.8	2.8	54.5
	39.	4	2.3	2.3	56.8
	40.	4	2.3	2.3	59.1
	42.	3	1.7	1.7	60.8
	43.	1	.6	.6	61.4
	44.	1	.6	.6	61.9
	45.	1	.6	.6	62.5
	46.	2	1.1	1.1	63.6
	47.	2	1.1	1.1	64.8
	48.	2	1.1	1.1	65.9
	49.	3	1.7	1.7	67.6
	50.	2	1.1	1.1	68.8

51.	1	.6	.6	69.3
52.	2	1.1	1.1	70.5
54.	1	.6	.6	71.0
55.	2	1.1	1.1	72.2
56.	2	1.1	1.1	73.3
57.	4	2.3	2.3	75.6
58.	1	.6	.6	76.1
59.	1	.6	.6	76.7
60.	4	2.3	2.3	79.0
61.	1	.6	.6	79.5
62.	2	1.1	1.1	80.7
63.	1	.6	.6	81.3
64.	2	1.1	1.1	82.4
65.	6	3.4	3.4	85.8
66.	3	1.7	1.7	87.5
67.	4	2.3	2.3	89.8
68.	2	1.1	1.1	90.9
69.	2	1.1	1.1	92.0
70.	2	1.1	1.1	93.2
71.	1	.6	.6	93.8
72.	1	.6	.6	94.3
73.	2	1.1	1.1	95.5
74.	3	1.7	1.7	97.2
75.	2	1.1	1.1	98.3
77.	1	.6	.6	98.9
79.	1	.6	.6	99.4
85.	1	.6	.6	100.0
TOTAL	176	100.0	100.0	

MEAN	40.642	STD ERR	1.408	MEDIAN	36.250
MODE	23.000	STD DEV	18.681	VARIANCE	348.963

COUNTRY

CATEGORY LABEL	CODE	ABSOLUTE FREQ	RELATIVE FREQ (PCT)	ADJUSTED FREQ (PCT)	CUM FREQ (PCT)
AUSTRALIA	1.	113	64.2	64.2	64.2
EUROPE	2.	34	19.3	19.3	83.5
ASIA	3.	4	2.3	2.3	85.8
NORTH AMERICA	4.	3	1.7	1.7	87.5
OTHERS	6.	22	12.5	12.5	100.0
	TOTAL	176	100.0	100.0	

MARITAL STATUS

CATEGORY LABEL	CODE	ABSOLUTE FREQ	RELATIVE FREQ (PCT)	ADJUSTED FREQ (PCT)	CUM FREQ (PCT)
MARRIED	1.	64	36.4	37.0	37.0
DIVORCED	2.	17	9.7	9.8	46.8
DE FACTO	3.	6	3.4	3.5	50.3
SINGLE	4.	69	39.2	39.9	90.2
OTHERS	5.	17	9.7	9.8	100.0
MISSING DATA	9.	3	1.7	MISSING	
	TOTAL	176	100.0	100.0	

OCCUPATION

CATEGORY LABEL	CODE	ABSOLUTE FREQ	RELATIVE FREQ (PCT)	ADJUSTED FREQ (PCT)	CUM FREQ (PCT)
P.T. HOUSEWIFE	1.	8	4.5	4.5	4.5
F.T. HOUSEWIFE	2.	55	31.3	31.3	35.8
PROFESSIONAL	3.	21	11.9	11.9	47.7
DOMESTIC	4.	2	1.1	1.1	48.9
CLERICAL	5.	11	6.3	6.3	55.1
CASUAL	6.	3	1.7	1.7	56.8
PENSIONER	7.	22	12.5	12.5	69.3
UNEMPLOYED	8.	24	13.6	13.6	83.0
OTHERS	9.	30	17.0	17.0	100.0
	TOTAL	176	100.0	100.0	

CLINICAL INDEX

CATEGORY LABEL	CODE	ABSOLUTE FREQ	RELATIVE FREQ (PCT)	ADJUSTED FREQ (PCT)	CUM FREQ (PCT)
	0	29	16.5	17.2	17.2
	1.	93	52.8	55.0	72.2
	2.	47	26.7	27.8	100.0
	999.	7	4.0	MISSING	
	TOTAL	176	100.0	100.0	

MEAN	1.107	STD ERR	.051	MEDIAN	1.097
MODE	1.000	STD DEV	.664	VARIANCE	.441

CLINICAL ASSESSMENT

CATEGORY LABEL	CODE	ABSOLUTE FREQ	RELATIVE FREQ (PCT)	ADJUSTED FREQ (PCT)	CUM FREQ (PCT)
	1.	86	48.9	48.9	48.9
	2.	17	9.7	9.7	58.5
	3.	20	11.4	11.4	69.9
	4.	53	30.1	30.1	100.0
	TOTAL	176	100.0	100.0	

SEXUAL PROBLEMS

SEX

CATEGORY LABEL	CODE	ABSOLUTE FREQ	RELATIVE FREQ (PCT)	ADJUSTED FREQ (PCT)	CUM FREQ (PCT)
GOOD SEX	7.	133	75.6	76.9	76.9
BAD SEX	8.	40	22.7	23.1	100.0
	999.	3	1.7	MISSING	
	TOTAL	176	100.0	100.0	

ANAMNESTIC INDEX

CATAGORY LABEL	CODE	ABSOLUTE FREQ	RELAT FREQ (PCT)	ADJUST FREQ (PCT)	CUM FREQ (PCT)
	0	40	22.7	22.7	22.7
	2	136	77.3	77.3	100.0
		176	100.0	100.0	100.0

MEAN	1.545	STD ERR	.063	MEDIAN	1.706
MODE	2.000	STD DEV	.0841	VARIANCE	.706

NUMBER OF NATURAL TEETH

CATEGORY LABEL	CODE	ABSOLUTE FREQ	RELATIVE FREQ (PCT)	ADJUSTED FREQ (PCT)	CUM FREQ (PCT)
	0	25	14.2	15.2	15.2
	4.	1	.6	.6	15.9
	6.	3	1.7	1.8	17.7
	7.	1	.6	.6	18.3
	8.	4	2.3	2.4	20.7
	9.	2	1.1	1.2	22.0
	11.	2	1.1	1.2	23.2
	12.	2	1.1	1.2	24.4
	13.	1	.6	.6	25.0
	14.	2	1.1	1.2	26.2
	15.	2	1.1	1.2	27.4
	16.	4	2.3	2.4	29.9
	18.	3	1.7	1.8	31.7
	19.	1	.6	.6	32.3
	20.	2	1.1	1.2	33.5
	21.	2	1.1	1.2	34.8
	22.	8	4.5	4.9	39.6
	23.	4	2.3	2.4	42.1
	24.	7	4.0	4.3	46.3
	25.	7	4.0	4.3	50.6
	26.	10	5.7	6.1	56.7
	27.	12	6.8	7.3	64.0
	28.	43	24.4	26.2	90.2
	29.	4	2.3	2.4	92.7
	30.	4	2.3	2.4	95.1
	31.	3	1.7	1.8	97.0
	32.	5	2.8	3.0	100.0
	999.	12	6.8	MISSING	
	TOTAL	176	100.0	100.0	

MEAN	20.140	STD ERR	.826	MEDIAN	25.357
MODE	28.000	STD DEV	10.575	VARIANCE	111.839

TEETH INDEX

CATEGORY LABEL	CODE	ABSOLUTE FREQ	RELATIVE FREQ (PCT)	ADJUSTED FREQ (PCT)	CUM FREQ (PCT)
	0	25	14.2	15.2	15.2
	1.	28	15.9	17.1	32.3
	2.	111	63.1	67.7	100.0
	999.	12	6.8	MISSING	
	TOTAL	176	100.0	100.0	

MEAN	1.524	STD ERR	.058	MEDIAN	1.761
MODE	2.000	STD DEV	.747	VARIANCE	.558

T.M.J. INDEX

CATEGORY LABEL	CODE	ABSOLUTE FREQ	RELATIVE FREQ (PCT)	ADJUSTED FREQ (PCT)	CUM FREQ (PCT)
	0	49	27.8	29.0	29.0
	1.	62	35.2	36.7	65.7
	2.	58	33.0	34.3	100.0
	999.	7	4.0	MISSING	
	TOTAL	176	100.0	100.0	

MEAN	1.053	STD ERR	.061	MEDIAN	1.073
MODE	1.000	STD DEV	.796	VARIANCE	.634

MUSCLE INDEX

CATEGORY LABEL	CODE	ABSOLUTE FREQ	RELATIVE FREQ (PCT)	ADJUSTED FREQ (PCT)	CUM FREQ (PCT)
	0	49	27.8	29.0	29.0
	1.	58	33.0	34.3	63.3
	2.	62	35.2	36.7	100.0
	999.	7	4.0	MISSING	
	TOTAL	176	100.0	100.0	

MEAN	1.077	STD ERR	.062	MEDIAN	1.112
MODE	2.000	STD DEV	.809	VARIANCE	.655

CONTACTS

CATEGORY LABEL	CODE	ABSOLUTE FREQ	RELATIVE FREQ (PCT)	ADJUSTED FREQ (PCT)	CUM FREQ (PCT)
	0	3	1.7	1.8	1.8
	2.	1	.6	.6	2.5
	4.	2	1.1	1.2	3.7
	7.	4	2.3	2.5	6.1
	9.	1	.6	.6	6.7
	10.	2	1.1	1.2	8.0
	11.	2	1.1	1.2	9.2
	12.	1	.6	.6	9.8
	13.	1	.6	.6	10.4
	14.	2	1.1	1.2	11.7
	15.	2	1.1	1.2	12.9
	16.	2	1.1	1.2	14.1
	17.	1	.6	.6	14.7
	18.	4	2.3	2.5	17.2
	20.	3	1.7	1.8	19.0
	21.	3	1.7	1.8	20.9
	22.	3	1.7	1.8	22.7
	23.	3	1.7	1.8	24.5
	24.	16	9.1	9.8	34.4
	25.	5	2.8	3.1	37.4
	26.	14	8.0	8.6	46.0
	27.	9	5.1	5.5	51.5
	28.	72	40.9	44.2	95.7
	30.	1	.6	.6	96.3
	31.	3	1.7	1.8	98.2
	32.	3	1.7	1.8	100.0
	999.	13	7.4	MISSING	
	TOTAL	176	100.0	100.0	

MEAN	23.939	STD ERR	.545	MEDIAN	27.222
MODE	28.000	STD DEV	6.952	VARIANCE	48.330

TOTAL TEETH INDEX

CATEGORY LABEL	CODE	ABSOLUTE FREQ	RELATIVE FREQ (PCT)	ADJUSTED FREQ (PCT)	CUM FREQ (PCT)
	1.	9	5.1	5.5	5.5
	2.	155	88.1	94.5	100.0
	999.	12	6.8	MISSING	
	TOTAL	176	100.0	100.0	

MEAN	1.945	STD ERR	.018	MEDIAN	1.971
MODE	2.000	STD DEV	.228	VARIANCE	.052
KURTOSIS	13.732	SKEWNESS	-3.945	RANGE	1.000

RADIOGRAPHIC INDEX

CATEGORY LABEL	CODE	ABSOLUTE FREQ	RELATIVE FREQ (PCT)	ADJUSTED FREQ (PCT)	CUM FREQ (PCT)
	0	22	12.5	25.0	25.0
	1.	15	8.5	17.0	42.0
	2.	51	29.0	58.0	100.0
	999.	88	50.0	MISSING	
	TOTAL	176	100.0	100.0	

MEAN	1.330	STD ERR	.091	MEDIAN	1.637
MODE	2.000	STD DEV	.854	VARIANCE	.729

GENERAL HYPOCHONDRIASIS

CATEGORY LABEL	CODE	ABSOLUTE FREQ	RELATIVE FREQ (PCT)	ADJUSTED FREQ (PCT)	CUM FREQ (PCT)
	0	69	39.2	39.2	39.2
	1.	52	29.5	29.5	68.8
	2.	20	11.4	11.4	80.1
	3.	12	6.8	6.8	86.9
	4.	14	8.0	8.0	94.9
	5.	3	1.7	1.7	96.6
	6.	2	1.1	1.1	97.7
	7.	3	1.7	1.7	99.4
	8.	1	.6	.6	100.0
	TOTAL	176	100.0	100.0	

MEAN	1.364	STD ERR	.127	MEDIAN	.865
MODE	0	STD DEV	1.681	VARIANCE	2.827

DISEASE CONVICTION

CATEGORY LABEL	CODE	ABSOLUTE FREQ	RELATIVE FREQ (PCT)	ADJUSTED FREQ (PCT)	CUM FREQ (PCT)
	0	33	18.8	18.8	18.8
	1.	52	29.5	29.5	48.3
	2.	37	21.0	21.0	69.3
	3.	33	18.8	18.8	88.1
	4.	8	4.5	4.5	92.6
	5.	5	2.8	2.8	95.5
	6.	8	4.5	4.5	100.0
	TOTAL	176	100.0	100.0	

MEAN	1.875	STD ERR	.117	MEDIAN	1.531
MODE	1.000	STD DEV	1.543	VARIANCE	2.396

PSYCHOLOGICAL V SOMATIC FOCUSING

CATEGORY LABEL	CODE	ABSOLUTE FREQ	RELATIVE FREQ (PCT)	ADJUSTED FREQ (PCT)	CUM FREQ (PCT)
	0	18	10.2	10.2	10.2
	1.	45	25.6	25.6	35.8
	2.	87	49.4	49.4	85.2
	3.	22	12.5	12.5	97.7
	4.	4	2.3	2.3	100.0
	TOTAL	176	100.0	100.0	

MEAN	1.710	STD ERR	.067	MEDIAN	1.787
MODE	2.000	STD DEV	.895	VARIANCE	.801

AFFECTIVE INHIBITION

CATEGORY LABEL	CODE	ABSOLUTE FREQ	RELATIVE FREQ (PCT)	ADJUSTED FREQ (PCT)	CUM FREQ (PCT)
	0	29	16.5	16.5	16.5
	1.	27	15.3	15.3	31.8
	2.	46	26.1	26.1	58.0
	3.	29	16.5	16.5	74.4
	4.	27	15.3	15.3	89.8
	5.	18	10.2	10.2	100.0
	TOTAL	176	100.0	100.0	

MEAN	2.295	STD ERR	.118	MEDIAN	2.196
MODE	2.000	STD DEV	1.561	VARIANCE	2.438

AFFECTIVE DISTURBANCE

CATEGORY LABEL	CODE	ABSOLUTE FREQ	RELATIVE FREQ (PCT)	ADJUSTED FREQ (PCT)	CUM FREQ (PCT)
	0	40	22.7	22.7	22.7
	1.	30	17.0	17.0	39.8
	2.	34	19.3	19.3	59.1
	3.	21	11.9	11.9	71.0
	4.	38	21.6	21.6	92.6
	5.	13	7.4	7.4	100.0
	TOTAL	176	100.0	100.0	

MEAN	2.143	STD ERR	.124	MEDIAN	2.029
MODE	0	STD DEV	1.650	VARIANCE	2.721

DENIAL

CATEGORY LABEL	CODE	ABSOLUTE FREQ	RELATIVE FREQ (PCT)	ADJUSTED FREQ (PCT)	CUM FREQ (PCT)
	0	16	9.1	9.1	9.1
	1.	24	13.6	13.6	22.7
	2.	25	14.2	14.2	36.9
	3.	29	16.5	16.5	53.4
	4.	41	23.3	23.3	76.7
	5.	41	23.3	23.3	100.0
	TOTAL	176	100.0	100.0	

MEAN	3.011	STD ERR	.124	MEDIAN	3.293
MODE	4.000	STD DEV	1.639	VARIANCE	2.686

IRRITABILITY

CATEGORY LABEL	CODE	ABSOLUTE FREQ	RELATIVE FREQ (PCT)	ADJUSTED FREQ (PCT)	CUM FREQ (PCT)
	0	35	19.9	19.9	19.9
	1.	50	28.4	28.4	48.3
	2.	29	16.5	16.5	64.8
	3.	29	16.5	16.5	81.3
	4.	20	11.4	11.4	92.6
	5.	8	4.5	4.5	97.2
	6.	5	2.8	2.8	100.0
	TOTAL	176	100.0	100.0	

MEAN	1.960	STD ERR	.121	MEDIAN	1.603
MODE	1.000	STD DEV	1.605	VARIANCE	2.576

AFFECTIVE STATE

CATEGORY LABEL	CODE	ABSOLUTE FREQ	RELATIVE FREQ (PCT)	ADJUSTED FREQ (PCT)	CUM FREQ (PCT)
	0	4	2.3	2.3	2.3
	1.	17	9.7	9.7	11.9
	2.	22	12.5	12.5	24.4
	3.	21	11.9	11.9	36.4
	4.	19	10.8	10.8	47.2
	5.	20	11.4	11.4	58.5
	6.	15	8.5	8.5	67.0
	7.	11	6.3	6.3	73.3
	8.	12	6.8	6.8	80.1
	9.	9	5.1	5.1	85.2
	10.	8	4.5	4.5	89.8
	11.	4	2.3	2.3	92.0
	12.	2	1.1	1.1	93.2
	13.	6	3.4	3.4	96.6
	14.	2	1.1	1.1	97.7
	15.	1	.6	.6	98.3
	16.	2	1.1	1.1	99.4
	18.	1	.6	.6	100.0
	TOTAL	176	100.0	100.0	

MEAN	5.472	STD ERR	.282	MEDIAN	4.750
MODE	2.000	STD DEV	3.737	VARIANCE	13.965

DISEASE AFFIRMATION

CATEGORY LABEL	CODE	ABSOLUTE FREQ	RELATIVE FREQ (PCT)	ADJUSTED FREQ (PCT)	CUM FREQ (PCT)
	1.	1	.6	.6	.6
	2.	6	3.4	3.4	4.0
	3.	31	17.6	17.6	21.6
	4.	45	25.6	25.6	47.2
	5.	27	15.3	15.3	62.5
	6.	25	14.2	14.2	76.7
	7.	18	10.2	10.2	86.9
	8.	9	5.1	5.1	92.0
	9.	3	1.7	1.7	93.8
	10.	8	4.5	4.5	98.3
	11.	3	1.7	1.7	100.0
	TOTAL	176	100.0	100.0	

MEAN	5.165	STD ERR	.158	MEDIAN	4.685
MODE	4.000	STD DEV	2.095	VARIANCE	4.390

DISCRIMINANT FUNCTION

CATEGORY LABEL	CODE	ABSOLUTE FREQ	RELATIVE FREQ (PCT)	ADJUSTED FREQ (PCT)	CUM FREQ (PCT)
	15.	1	.6	.6	.6
	22.	1	.6	.6	1.1
	29.	2	1.1	1.1	2.3
	30.	2	1.1	1.1	3.4
	30.	1	.6	.6	4.0
	31.	1	.6	.6	4.5
	32.	2	1.1	1.1	5.7
	32.	1	.6	.6	6.3
	32.	2	1.1	1.1	7.4
	32.	1	.6	.6	8.0
	33.	1	.6	.6	8.5
	33.	2	1.1	1.1	9.7
	34.	1	.6	.6	10.2
	35.	2	1.1	1.1	11.4
	35.	5	2.8	2.8	14.2
	36.	1	.6	.6	14.8
	36.	1	.6	.6	15.3
	36.	1	.6	.6	15.9
	38.	1	.6	.6	16.5
	39.	1	.6	.6	17.0
	39.	3	1.7	1.7	18.8
	41.	5	2.8	2.8	21.6
	41.	1	.6	.6	22.2
	41.	1	.6	.6	22.7
	42.	4	2.3	2.3	25.0
	42.	1	.6	.6	25.6
	42.	4	2.3	2.3	27.8
	43.	3	1.7	1.7	29.5
	43.	2	1.1	1.1	30.7
	44.	1	.6	.6	31.3
	44.	1	.6	.6	31.8
	44.	2	1.1	1.1	33.0
	45.	1	.6	.6	33.5
	45.	4	2.3	2.3	35.8

DISCRIMINANT FUNCTION (CONT)

45.	2	1.1	1.1	36.9
45.	1	.6	.6	37.5
46.	2	1.1	1.1	38.6
46.	3	1.7	1.7	40.3
47.	1	.6	.6	40.9
47.	1	.6	.6	41.5
48.	4	2.3	2.3	43.8
48.	4	2.3	2.3	46.0
49.	4	2.3	2.3	48.3
49.	2	1.1	1.1	49.4
49.	1	.6	.6	50.0
50.	3	1.7	1.7	51.7
50.	1	.6	.6	52.3
51.	1	.6	.6	52.8
51.	1	.6	.6	53.4
52.	3	1.7	1.7	55.1
52.	2	1.1	1.1	56.3
53.	1	.6	.6	56.8
53.	4	2.3	2.3	59.1
53.	3	1.7	1.7	60.8
53.	1	.6	.6	61.4
54.	2	1.1	1.1	62.5
54.	1	.6	.6	63.1
54.	1	.6	.6	63.6
56.	1	.6	.6	64.2
56.	2	1.1	1.1	65.3
57.	1	.6	.6	65.9
57.	1	.6	.6	66.5
58.	3	1.7	1.7	68.2
59.	1	.6	.6	68.8
59.	1	.6	.6	69.3
60.	2	1.1	1.1	70.5
61.	1	.6	.6	71.0
61.	2	1.1	1.1	72.2
61.	2	1.1	1.1	73.3
62.	1	.6	.6	73.9
62.	1	.6	.6	74.4
63.	2	1.1	1.1	75.6
64.	1	.6	.6	76.1

DISCRIMINANT FUNCTION (CONT)

64.	1	.6	.6	76.7
65.	1	.6	.6	77.3
65.	1	.6	.6	77.8
65.	1	.6	.6	78.4
66.	3	1.7	1.7	80.1
66.	1	.6	.6	80.7
66.	1	.6	.6	81.3
69.	1	.6	.6	81.8
69.	1	.6	.6	82.4
70.	1	.6	.6	83.0
70.	2	1.1	1.1	84.1
71.	3	1.7	1.7	85.8
71.	1	.6	.6	86.4
72.	3	1.7	1.7	88.1
75.	1	.6	.6	88.6
75.	1	.6	.6	89.2
76.	1	.6	.6	89.8
77.	1	.6	.6	90.3
77.	2	1.1	1.1	91.5
78.	1	.6	.6	92.0
79.	1	.6	.6	92.6
82.	2	1.1	1.1	93.8
82.	1	.6	.6	94.3
83.	2	1.1	1.1	95.5
85.	1	.6	.6	96.0
86.	1	.6	.6	96.6
88.	1	.6	.6	97.2
89.	1	.6	.6	97.7
91.	1	.6	.6	98.3
92.	1	.6	.6	98.9
92.	1	.6	.6	99.4
98.	1	.6	.6	100.0
TOTAL	176	100.0	100.0	

MEAN	52.893	STD ERR	1.202	MEDIAN	49.450
MODE	35.200	STD DEV	15.944	VARIANCE	254.212

WHITELEY INDEX

CATEGORY LABEL	CODE	ABSOLUTE FREQ	RELATIVE FREQ (PCT)	ADJUSTED FREQ (PCT)	CUM FREQ (PCT)
	0	23	13.1	13.1	13.1
	1.	33	18.8	18.8	31.8
	2.	40	22.7	22.7	54.5
	3.	22	12.5	12.5	67.0
	4.	16	9.1	9.1	76.1
	5.	14	8.0	8.0	84.1
	6.	11	6.3	6.3	90.3
	7.	5	2.8	2.8	93.2
	9.	2	1.1	1.1	94.3
	10.	5	2.8	2.8	97.2
	11.	3	1.7	1.7	98.9
	12.	1	.6	.6	99.4
	13.	1	.6	.6	100.0
	TOTAL	176	100.0	100.0	

MEAN	3.057	STD ERR	.205	MEDIAN	2.300
MODE	2.000	STD DEV	2.723	VARIANCE	7.414

SPIELBERGER STATE SCORE

CATEGORY LABEL	CODE	ABSOLUTE FREQ	RELATIVE FREQ (PCT)	ADJUSTED FREQ (PCT)	CUM FREQ (PCT)
	20.	4	2.3	2.5	2.5
	21.	1	.6	.6	3.2
	22.	1	.6	.6	3.8
	23.	4	2.3	2.5	6.4
	24.	3	1.7	1.9	8.3
	25.	3	1.7	1.9	10.2
	26.	5	2.8	3.2	13.4
	27.	7	4.0	4.5	17.8
	28.	4	2.3	2.5	20.4
	29.	4	2.3	2.5	22.9
	30.	4	2.3	2.5	25.5
	31.	8	4.5	5.1	30.6
	32.	5	2.8	3.2	33.8
	33.	13	7.4	8.3	42.0
	35.	5	2.8	3.2	45.2
	36.	4	2.3	2.5	47.8
	37.	8	4.5	5.1	52.9

SPIELBERGER STATE SCORE (CONT)

38.	6	3.4	3.8	56.7
39.	9	5.1	5.7	62.4
40.	8	4.5	5.1	67.5
41.	5	2.8	3.2	70.7
42.	4	2.3	2.5	73.2
43.	2	1.1	1.3	74.5
45.	1	.6	.6	75.2
46.	3	1.7	1.9	77.1
47.	2	1.1	1.3	78.3
48.	3	1.7	1.9	80.3
49.	2	1.1	1.3	81.5
50.	5	2.8	3.2	84.7
51.	1	.6	.6	85.4
52.	3	1.7	1.9	87.3
53.	1	.6	.6	87.9
54.	1	.6	.6	88.5
55.	1	.6	.6	89.2
56.	2	1.1	1.3	90.4
57.	1	.6	.6	91.1
58.	3	1.7	1.9	93.0
59.	1	.6	.6	93.6
60.	1	.6	.6	94.3
61.	1	.6	.6	94.9
64.	1	.6	.6	95.5
65.	1	.6	.6	96.2
67.	1	.6	.6	96.8
68.	1	.6	.6	97.5
69.	1	.6	.6	98.1
71.	1	.6	.6	98.7
72.	1	.6	.6	99.4
75.	1	.6	.6	100.0
999.	19	10.8	MISSING	
TOTAL	176	100.0	100.0	

MEAN	38.541	STD ERR	.949	MEDIAN	36.938
MODE	33.000	STD DEV	11.897	VARIANCE	141.532

SPIELBERGER TRAIT SCORE

CATEGORY LABEL	CODE	ABSOLUTE FREQ	RELATIVE FREQ (PCT)	ADJUSTED FREQ (PCT)	CUM FREQ (PCT)
	23.	3	1.7	1.9	1.9
	24.	3	1.7	1.9	3.9
	25.	2	1.1	1.3	5.2
	26.	5	2.8	3.2	8.4
	27.	3	1.7	1.9	10.4
	28.	6	3.4	3.9	14.3
	29.	6	3.4	3.9	18.2
	30.	4	2.3	2.6	20.8
	31.	6	3.4	3.9	24.7
	32.	4	2.3	2.6	27.3
	33.	9	5.1	5.8	33.1
	34.	6	3.4	3.9	37.0
	35.	4	2.3	2.6	39.6
	36.	13	7.4	8.4	48.1
	37.	9	5.1	5.8	53.9
	38.	4	2.3	2.6	56.5
	39.	6	3.4	3.9	60.4
	40.	3	1.7	1.9	62.3
	41.	5	2.8	3.2	65.6
	42.	4	2.3	2.6	68.2
	43.	5	2.8	3.2	71.4
	44.	3	1.7	1.9	73.4
	45.	5	2.8	3.2	76.6
	46.	4	2.3	2.6	79.2
	47.	3	1.7	1.9	81.2
	48.	2	1.1	1.3	82.5
	49.	2	1.1	1.3	83.8
	50.	2	1.1	1.3	85.1
	51.	2	1.1	1.3	86.4
	52.	2	1.1	1.3	87.7
	53.	1	.6	.6	88.3
	54.	4	2.3	2.6	90.9

SPIELBERGER TRAIT SCORE (CONT)

55.	1	.6	.6	91.6
56.	1	.6	.6	92.2
57.	2	1.1	1.3	93.5
58.	3	1.7	1.9	95.5
60.	1	.6	.6	96.1
61.	1	.6	.6	96.8
63.	1	.6	.6	97.4
65.	1	.6	.6	98.1
67.	1	.6	.6	98.7
68.	1	.6	.6	99.4
71.	1	.6	.6	100.0
999.	22	12.5	MISSING	
TOTAL	176	100.0	100.0	

MEAN	39.084	STD ERR	.830	MEDIAN	36.833
MODE	36.000	STD DEV	10.304	VARIANCE	106.182

ZUNG DEPRESSION SCORE

CATEGORY LABEL	CODE	ABSOLUTE FREQ	RELATIVE FREQ (PCT)	ADJUSTED FREQ (PCT)	CUM FREQ (PCT)
	21.	2	1.1	1.4	1.4
	22.	3	1.7	2.2	3.6
	23.	4	2.3	2.9	6.5
	24.	5	2.8	3.6	10.1
	25.	3	1.7	2.2	12.2
	26.	6	3.4	4.3	16.5
	27.	3	1.7	2.2	18.7
	28.	8	4.5	5.8	24.5
	29.	7	4.0	5.0	29.5
	30.	2	1.1	1.4	30.9
	31.	7	4.0	5.0	36.0
	32.	4	2.3	2.9	38.8
	33.	7	4.0	5.0	43.9
	34.	6	3.4	4.3	48.2
	35.	5	2.8	3.6	51.8
	36.	2	1.1	1.4	53.2
	37.	3	1.7	2.2	55.4
	38.	3	1.7	2.2	57.6
	39.	4	2.3	2.9	60.4

ZUNG DEPRESSION SCORE (CONT)

40.	1	.6	.7	61.2
41.	5	2.8	3.6	64.7
42.	5	2.8	3.6	68.3
43.	2	1.1	1.4	69.8
44.	4	2.3	2.9	72.7
45.	5	2.8	3.6	76.3
46.	5	2.8	3.6	79.9
47.	4	2.3	2.9	82.7
48.	5	2.8	3.6	86.3
49.	3	1.7	2.2	88.5
50.	3	1.7	2.2	90.6
51.	1	.6	.7	91.4
52.	2	1.1	1.4	92.8
53.	2	1.1	1.4	94.2
54.	2	1.1	1.4	95.7
57.	1	.6	.7	96.4
59.	2	1.1	1.4	97.8
60.	2	1.1	1.4	99.3
61.	1	.6	.7	100.0
999.	37	21.0	MISSING	
TOTAL	176	100.0	100.0	

MEAN	37.043	STD ERR	.852	MEDIAN	35.000
MODE	28.000	STD DEV	10.042	VARIANCE	100.839

LIFE EVENTS

CATEGORY LABEL	CODE	ABSOLUTE FREQ	RELATIVE FREQ (PCT)	ADJUSTED FREQ (PCT)	CUM FREQ (PCT)
	0	14	8.0	8.1	8.1
	13.	1	.6	.6	8.7
	19.	1	.6	.6	9.2
	29.	1	.6	.6	9.8
	33.	1	.6	.6	10.4
	39.	1	.6	.6	11.0
	42.	1	.6	.6	11.6
	45.	1	.6	.6	12.1
	58.	1	.6	.6	12.7
	65.	2	1.1	1.2	13.9
	67.	1	.6	.6	14.5
	68.	1	.6	.6	15.0
	82.	1	.6	.6	15.6
	87.	1	.6	.6	16.2
	90.	1	.6	.6	16.8
	92.	1	.6	.6	17.3
	93.	1	.6	.6	17.9
	99.	1	.6	.6	18.5
	102.	1	.6	.6	19.1
	103.	1	.6	.6	19.7
	113.	1	.6	.6	20.2
	115.	1	.6	.6	20.8
	122.	1	.6	.6	21.4
	126.	2	1.1	1.2	22.5
	132.	1	.6	.6	23.1
	136.	1	.6	.6	23.7
	139.	1	.6	.6	24.3
	140.	1	.6	.6	24.9
	153.	1	.6	.6	25.4
	160.	1	.6	.6	26.0
	161.	1	.6	.6	26.6
	165.	1	.6	.6	27.2
	166.	1	.6	.6	27.7
	176.	1	.6	.6	28.3
	177.	1	.6	.6	28.9

179.	2	1.1	1.2	30.1
180.	1	.6	.6	30.6
185.	2	1.1	1.2	31.3
186.	1	.6	.6	32.4
191.	1	.6	.6	32.9
192.	1	.6	.5	33.5
196.	1	.6	.6	34.1
204.	1	.6	.6	34.7
206.	1	.5	.6	35.3
211.	1	.6	.6	35.8
212.	1	.6	.6	36.4
218.	1	.6	.6	37.0
220.	1	.6	.6	37.6
234.	1	.6	.6	38.2
236.	1	.6	.6	38.7
244.	1	.6	.6	39.3
246.	1	.6	.6	39.9
249.	1	.6	.6	40.5
251.	1	.6	.6	41.0
252.	1	.6	.6	41.6
255.	1	.6	.6	42.2
261.	1	.6	.6	42.8
264.	1	.6	.6	43.4
268.	1	.6	.6	43.9
269.	1	.6	.6	44.5
275.	1	.6	.6	45.1
277.	1	.6	.6	45.7
279.	2	1.1	1.2	46.8
282.	2	1.1	1.2	48.0
294.	1	.6	.6	48.6
306.	1	.6	.6	49.1
312.	1	.6	.6	49.7
324.	1	.6	.6	50.3
331.	2	1.1	1.2	51.4
341.	1	.6	.6	52.0
343.	1	.6	.6	52.6
347.	1	.6	.6	53.2
366.	1	.6	.6	53.8
383.	1	.6	.6	54.3

356.	1	.6	.6	54.9
388.	1	.6	.6	55.5
391.	2	1.1	1.2	56.6
393.	1	.6	.6	57.2
395.	1	.6	.6	57.8
402.	1	.6	.6	58.4
403.	1	.6	.6	59.0
409.	1	.6	.6	59.5
410.	1	.6	.6	60.1
412.	1	.6	.6	60.7
415.	1	.6	.6	61.3
429.	1	.6	.6	61.8
445.	1	.6	.6	62.4
455.	1	.6	.6	63.0
457.	1	.6	.6	63.6
459.	1	.6	.6	64.2
463.	1	.6	.6	64.7
466.	1	.6	.6	65.3
469.	1	.6	.6	65.9
473.	1	.6	.6	66.5
476.	1	.6	.6	67.1
477.	1	.6	.6	67.6
480.	1	.6	.6	68.2
482.	1	.6	.6	68.8
485.	1	.6	.6	69.4
486.	1	.6	.6	69.9
500.	1	.6	.6	70.5
505.	1	.6	.6	71.1
506.	1	.6	.6	71.7
510.	1	.6	.6	72.3
512.	1	.6	.6	72.8
516.	1	.6	.6	73.4
528.	2	1.1	1.2	74.6
554.	1	.6	.6	75.1
555.	1	.6	.6	75.7
570.	1	.6	.6	76.3
575.	1	.6	.6	76.9
577.	1	.6	.6	77.5
578.	1	.6	.6	78.0
584.	1	.6	.6	78.6

585.	1	.6	.6	79.2
597.	1	.6	.6	79.8
607.	1	.6	.6	80.3
613.	1	.6	.6	80.9
629.	1	.6	.6	81.5
633.	1	.6	.6	82.1
635.	1	.6	.6	82.7
637.	1	.6	.6	83.2
669.	1	.6	.6	83.8
680.	1	.6	.6	84.4
691.	1	.6	.6	85.0
694.	1	.6	.6	85.5
701.	1	.6	.6	86.1
706.	1	.6	.6	86.7
723.	1	.6	.6	87.3
732.	1	.6	.6	87.9
737.	2	1.1	1.2	89.0
743.	1	.6	.6	89.6
754.	1	.6	.6	90.2
799.	1	.6	.6	90.8
803.	1	.6	.6	91.3
807.	1	.6	.6	91.9
823.	1	.6	.6	92.5
826.	1	.6	.6	93.1
827.	1	.6	.6	93.6
836.	1	.6	.6	94.2
863.	2	1.1	1.2	95.4
984.	1	.6	.6	96.0
1046.	1	.6	.6	96.5
1110.	1	.6	.6	97.1
1181.	1	.6	.6	97.7
1288.	1	.6	.6	98.3
1456.	1	.6	.6	98.8
1531.	1	.6	.6	99.4
1624.	1	.6	.6	100.0
999.	3	1.7	MISSING	
TOTAL	176	100.0	100.0	

MEAN	381.434	STD ERR	23.678	MEDIAN	324.000
MODE	0	STD DEV	311.431	VARIANCE	96989.131

SERIOUS EVENTS

CATEGORY LABEL	CODE	ABSOLUTE FREQ	RELATIVE FREQ (PCT)	ADJUSTED FREQ (PCT)	CUM FREQ (PCT)
	0	20	11.4	11.6	11.6
	20.	1	.6	.6	12.1
	25.	4	2.3	2.3	14.5
	29.	3	1.7	1.7	16.2
	44.	1	.6	.6	16.8
	45.	1	.6	.6	17.3
	47.	1	.6	.6	17.9
	52.	1	.6	.6	18.5
	53.	1	.6	.6	19.1
	59.	1	.6	.6	19.7
	63.	4	2.3	2.3	22.0
	67.	1	.6	.6	22.5
	74.	1	.6	.6	23.1
	78.	2	1.1	1.2	24.3
	82.	1	.6	.6	24.9
	89.	1	.6	.6	25.4
	93.	1	.6	.6	26.0
	98.	1	.6	.6	26.6
	99.	1	.6	.6	27.2
	100.	2	1.1	1.2	28.3
	101.	1	.6	.6	28.9
	102.	1	.6	.6	29.5
	106.	1	.6	.6	30.1
	111.	1	.6	.6	30.6
	113.	1	.6	.6	31.2
	117.	2	1.1	1.2	32.4
	121.	1	.6	.6	32.9
	126.	1	.6	.6	33.5
	128.	1	.6	.6	34.1
	130.	1	.6	.6	34.7
	132.	1	.6	.6	35.3
	139.	3	1.7	1.7	37.0
	144.	1	.6	.6	37.6

SERIOUS EVENTS (CONT)

145.	1	.6	.6	38.2
146.	1	.6	.6	38.7
148.	2	1.1	1.2	39.9
151.	1	.6	.6	40.5
154.	1	.6	.6	41.0
155.	1	.6	.6	41.6
167.	1	.6	.6	42.2
173.	1	.6	.6	42.8
175.	1	.6	.6	43.4
176.	1	.6	.6	43.9
186.	1	.6	.6	44.5
190.	1	.6	.6	45.1
198.	1	.6	.6	45.7
201.	1	.6	.6	46.2
204.	1	.6	.6	46.8
205.	1	.6	.6	47.4
206.	2	1.1	1.2	48.6
207.	1	.6	.6	49.1
210.	1	.6	.6	49.7
216.	1	.6	.6	50.3
222.	1	.6	.6	50.9
224.	1	.6	.6	51.4
225.	1	.6	.6	52.0
227.	1	.6	.6	52.6
229.	1	.6	.6	53.2
235.	1	.6	.6	53.8
243.	1	.6	.6	54.3
246.	1	.6	.6	54.9
252.	1	.6	.6	55.5
259.	1	.6	.6	56.1
264.	1	.6	.6	56.6
269.	2	1.1	1.2	57.8
278.	1	.6	.6	58.4
285.	1	.6	.6	59.0
294.	1	.6	.6	59.5
301.	1	.6	.6	60.1
302.	1	.6	.6	60.7

SERIOUS EVENTS (CONT)

303	1	.6	.6	61.3
309.	2	1.1	1.2	62.4
311.	1	.6	.6	63.0
316.	1	.6	.6	63.6
319.	1	.6	.6	64.2
320.	2	1.1	1.2	65.3
325.	1	.6	.6	65.9
328.	1	.6	.6	66.5
334.	1	.6	.6	67.1
355.	1	.6	.6	67.6
363.	1	.6	.6	68.2
368.	2	1.1	1.2	69.4
377.	2	1.1	1.2	70.5
382.	1	.6	.6	71.1
386.	2	1.1	1.2	72.3
396.	1	.6	.6	72.8
399.	1	.6	.6	73.4
401.	1	.6	.6	74.0
407.	1	.6	.6	74.6
413.	1	.6	.6	75.1
426.	1	.6	.6	75.7
427.	1	.6	.6	76.3
428.	1	.6	.6	76.9
438.	1	.6	.6	77.5
444.	1	.6	.6	78.0
445.	1	.6	.6	78.6
449.	1	.6	.6	79.2
450.	1	.6	.6	79.8
454.	1	.6	.6	80.3
459.	1	.6	.6	80.9
463.	1	.6	.6	81.5
470.	1	.6	.6	82.1
484.	1	.6	.6	82.7
488.	1	.6	.6	83.2
495.	1	.6	.6	83.8

SERIOUS EVENTS (CONT)

508.	2	1.1	1.2	85.0
509.	1	.6	.6	85.5
542.	1	.6	.6	86.1
548.	1	.6	.6	86.7
550.	1	.6	.6	87.3
558.	2	1.1	1.2	88.4
568.	1	.6	.6	89.0
578.	1	.6	.6	89.6
592.	1	.6	.6	90.2
597.	1	.6	.6	90.8
601.	1	.6	.6	91.3
606.	1	.6	.6	91.9
607.	2	1.1	1.2	93.1
638.	1	.6	.6	93.6
643.	1	.6	.6	94.2
686.	1	.6	.6	94.8
694.	1	.6	.6	95.4
805.	1	.6	.6	96.0
963.	1	.6	.6	96.5
992.	1	.6	.6	97.1
1019.	1	.6	.6	97.7
1022.	1	.6	.6	98.3
1097.	1	.6	.6	98.8
1127.	1	.6	.6	99.4
1245.	1	.6	.6	100.0
999.	3	1.7	MISSING	
TOTAL	176	100.0	100.0	

MEAN	277.069	STD ERR	19.108	MEDIAN	216.000
MODE	0	STD DEV	251.322	VARIANCE	63162.867

APPENDIX V

PART A

SECTION 2

This section shows frequency distribution and mean data of five different groups.

These groups were:

1. TMJ Dysfunction patients with no other problems.
2. TMJ Dysfunction patients (with other musculo-skeletal (m-s) problems).
3. TMJ Dysfunction patients (with or without m-s problems).(i.e. groups 1 and 2 above).
4. A.F.P. patients
5. Control patients.

APPENDIX V

PART A

SECTION 2

(Pages A.2.1. to A.2.22)

1. This section shows frequency distribution and mean data of the group of patients in the study who suffered from only TMJ Dysfunction.

AGE

CATEGORY LABEL	CODE	ABSOLUTE FREQ	RELATIVE FREQ (PCT)	ADJUSTED FREQ (PCT)	CUM FREQ (PCT)
	15.	3	3.5	3.5	3.5
	16.	1	1.2	1.2	4.7
	17.	5	5.8	5.8	10.5
	18.	6	7.0	7.0	17.4
	19.	3	3.5	3.5	20.9
	21.	2	2.3	2.3	23.3
	22.	4	4.7	4.7	27.9
	23.	7	8.1	8.1	36.0
	24.	2	2.3	2.3	38.4
	25.	3	3.5	3.5	41.9
	26.	1	1.2	1.2	43.0
	27.	2	2.3	2.3	45.3
	28.	1	1.2	1.2	46.5
	30.	2	2.3	2.3	48.8
	33.	3	3.5	3.5	52.3
	34.	3	3.5	3.5	55.8
	35.	1	1.2	1.2	57.0
	36.	3	3.5	3.5	60.5
	37.	1	1.2	1.2	61.6
	38.	2	2.3	2.3	64.0
	39.	1	1.2	1.2	65.1
	40.	1	1.2	1.2	66.3
	42.	2	2.3	2.3	68.6
	44.	1	1.2	1.2	69.8
	46.	1	1.2	1.2	70.9
	47.	1	1.2	1.2	72.1
	48.	1	1.2	1.2	73.3
	50.	1	1.2	1.2	74.4
	51.	1	1.2	1.2	75.6
	54.	1	1.2	1.2	76.7
	57.	2	2.3	2.3	79.1
	58.	1	1.2	1.2	80.2
	61.	1	1.2	1.2	81.4

AGE (CONT)

64.	1	1.2	1.2	82.6
66.	3	3.5	3.5	86.0
67.	3	3.5	3.5	89.5
68.	1	1.2	1.2	90.7
69.	1	1.2	1.2	91.9
71.	1	1.2	1.2	93.0
72.	1	1.2	1.2	94.2
73.	1	1.2	1.2	95.3
74.	1	1.2	1.2	96.5
75.	1	1.2	1.2	97.7
77.	1	1.2	1.2	98.8
79.	1	1.2	1.2	100.0
TOTAL	86	100.0	100.0	

MEAN	37.291	STD ERR	2.087	MEDIAN	32.333
MODE	23.000	STD DEV	19.354	VARIANCE	374.562

ANAMNESTIC INDEX

CATEGORY LABEL	CODE	ABSOLUTE FREQ	RELATIVE FREQ (PCT)	ADJUSTED FREQ (PCT)	CUM FREQ (PCT)
	0	2	2.3	2.3	2.3
	2.	84	97.7	97.7	100.0
	TOTAL	86	100.0	100.0	

MEAN	1.953	STD ERR	.033	MEDIAN	1.976
MODE	2.000	STD DEV	.303	VARIANCE	.092

CLINICAL INDEX

CATEGORY LABEL	CODE	ABSOLUTE FREQ	RELATIVE FREQ (PCT)	ADJUSTED FREQ (PCT)	CUM FREQ (PCT)
	1.	53	61.6	61.6	61.6
	2.	33	38.4	38.4	100.0
	TOTAL	86	100.0	100.0	

MEAN	1.384	STD ERR	.053	MEDIAN	1.311
MODE	1.000	STD DEV	.489	VARIANCE	.239

OCCUPATION

CATEGORY LABEL	CODE	ABSOLUTE FREQ	RELATIVE FREQ (PCT)	ADJUSTED FREQ (PCT)	CUM FREQ (PCT)
P.T. HOUSEWIFE	1.	3	3.5	3.5	3.5
F.T. HOUSEWIFE	2.	21	24.4	24.4	27.9
PROFESSIONAL	3.	14	16.3	16.3	44.2
CLERICAL	5.	6	7.0	7.0	51.2
CASUAL	6.	1	1.2	1.2	52.3
PENSIONER	7.	11	12.8	12.8	65.1
UNEMPLOYED	8.	12	14.0	14.0	79.1
OTHERS	9.	18	20.9	20.9	100.0
	TOTAL	86	100.0	100.0	

NUMBER OF NATURAL TEETH

CATEGORY LABEL	CODE	ABSOLUTE FREQ	RELATIVE FREQ (PCT)	ADJUSTED FREQ (PCT)	CUM FREQ (PCT)
	0	13	15.1	15.7	15.7
	8.	2	2.3	2.4	18.1
	9.	1	1.2	1.2	19.3
	11.	1	1.2	1.2	20.5
	14.	1	1.2	1.2	21.7
	16.	3	3.5	3.6	25.3
	18.	1	1.2	1.2	26.5
	21.	1	1.2	1.2	27.7
	22.	1	1.2	1.2	28.9
	23.	3	3.5	3.6	32.5
	24.	5	5.8	6.0	38.6
	25.	4	4.7	4.8	43.4
	26.	4	4.7	4.8	48.2
	27.	6	7.0	7.2	55.4
	28.	29	33.7	34.9	90.4
	29.	4	4.7	4.8	95.2
	31.	1	1.2	1.2	96.4
	32.	3	3.5	3.6	100.0
	999.	3	3.5	MISSING	
	TOTAL	86	100.0	100.0	

MEAN	21.313	STD ERR	1.151	MEDIAN	26.750
MODE	28.000	STD DEV	10.487	VARIANCE	109.974

CONTACTS

CATEGORY LABEL	CODE	ABSOLUTE FREQ	RELATIVE FREQ (PCT)	ADJUSTED FREQ (PCT)	CUM FREQ (PCT)
	0	1	1.2	1.2	1.2
	4.	1	1.2	1.2	2.4
	7.	1	1.2	1.2	3.6
	9.	1	1.2	1.2	4.8
	10.	1	1.2	1.2	6.0
	14.	1	1.2	1.2	7.2
	17.	1	1.2	1.2	8.4
	18.	2	2.3	2.4	10.8
	20.	3	3.5	3.6	14.5
	21.	1	1.2	1.2	15.7
	22.	1	1.2	1.2	16.9
	23.	1	1.2	1.2	18.1
	24.	8	9.3	9.6	27.7
	25.	4	4.7	4.8	32.5
	26.	4	4.7	4.8	37.3
	27.	4	4.7	4.8	42.2
	28.	45	52.3	54.2	96.4
	30.	1	1.2	1.2	97.6
	31.	1	1.2	1.2	98.8
	32.	1	1.2	1.2	100.0
	999.	3	3.5	MISSING	
	TOTAL	86	100.0	100.0	

MEAN	25.060	STD ERR	.641	MEDIAN	27.644
MODE	28.000	STD DEV	5.844	VARIANCE	34.155

TREATMENT TIME

CATEGORY LABEL	CODE	ABSOLUTE FREQ	RELATIVE FREQ (PCT)	ADJUSTED FREQ (PCT)	CUM FREQ (PCT)
	1.	33	38.4	49.3	49.3
	2.	16	18.6	23.9	73.1
	3.	10	11.6	14.9	88.1
	4.	3	3.5	4.5	92.5
	5.	1	1.2	1.5	94.0
	6.	4	4.7	6.0	100.0
	99.	19	22.1	MISSING	
	TOTAL	86	100.0	100.0	

MEAN	2.030	STD ERR	.170	MEDIAN	1.531
MODE	1.000	STD DEV	1.392	VARIANCE	1.938

TIME ELAPSED FROM EXAMINATION

CATEGORY LABEL	CODE	ABSOLUTE FREQ	RELATIVE FREQ (PCT)	ADJUSTED FREQ (PCT)	CUM FREQ (PCT)
	3.	3	3.5	4.5	4.5
	4.	4	4.7	6.1	10.6
	5.	8	9.3	12.1	22.7
	6.	9	10.5	13.6	36.4
	7.	4	4.7	6.1	42.4
	8.	5	5.8	7.6	50.0
	9.	13	15.1	19.7	69.7
	10.	7	8.1	10.6	80.3
	11.	5	5.8	7.6	87.9
	12.	5	5.8	7.6	95.5
	13.	1	1.2	1.5	97.0
	14.	1	1.2	1.5	98.5
	16.	1	1.2	1.5	100.0
	99.	20	23.3	MISSING	
	TOTAL	86	100.0	100.0	

MEAN	8.091	STD ERR	.367	MEDIAN	8.500
MODE	9.000	STD DEV	2.981	VARIANCE	8.884

INITIAL TREATMENT

CATEGORY LABEL	CODE	ABSOLUTE FREQ	RELATIVE FREQ (PCT)	ADJUSTED FREQ (PCT)	CUM FREQ (PCT)
	1.	60	69.8	90.9	90.9
	3.	2	2.3	3.0	93.9
	7.	4	4.7	6.1	100.0
	9.	20	23.3	MISSING	
	TOTAL	86	100.0	100.0	

SECOND TREATMENT

CATEGORY LABEL	CODE	ABSOLUTE FREQ	RELATIVE FREQ (PCT)	ADJUSTED FREQ (PCT)	CUM FREQ (PCT)
	1.	3	3.5	4.5	4.5
	2.	6	7.0	9.1	13.6
	4.	4	4.7	6.1	19.7
	5.	2	2.3	3.0	22.7
	7.	51	59.3	77.3	100.0
	9.	20	23.3	MISSING	
	TOTAL	86	100.0	100.0	

THIRD TREATMENT

CATEGORY LABEL	CODE	ABSOLUTE FREQ	RELATIVE FREQ (PCT)	ADJUSTED FREQ (PCT)	CUM FREQ (PCT)
	3.	1	1.2	1.5	1.5
	7.	65	75.6	98.5	100.0
	9.	20	23.3	MISSING	
	TOTAL	86	100.0	100.0	

MARITAL STATUS

CATEGORY LABEL	CODE	ABSOLUTE FREQ	RELATIVE FREQ (PCT)	ADJUSTED FREQ (PCT)	CUM FREQ (PCT)
MARRIED	1.	27	31.4	32.1	32.1
DIVORCED	2.	7	8.1	8.3	40.5
DE FACTO	3.	2	2.3	2.4	42.9
SINGLE	4.	37	43.0	44.0	86.9
OTHERS	5.	11	12.8	13.1	100.0
MISSING DATA	9.	2	2.3	MISSING	
	TOTAL	86	100.0	100.0	

COUNTRY

CATEGORY LABEL	CODE	ABSOLUTE FREQ	RELATIVE FREQ (PCT)	ADJUSTED FREQ (PCT)	CUM FREQ (PCT)
AUSTRALIA	1.	56	65.1	65.1	65.1
EUROPE	2.	17	19.8	19.8	84.9
ASIA	3.	2	2.3	2.3	87.2
NORTH AMERICA	4.	2	2.3	2.3	89.5
OTHERS	6.	9	10.5	10.5	100.0
	TOTAL	86	100.0	100.0	

T.M.J. INDEX

CATEGORY LABEL	CODE	ABSOLUTE FREQ	RELATIVE FREQ (PCT)	ADJUSTED FREQ (PCT)	CUM FREQ (PCT)
	0	6	7.0	7.0	7.0
	1.	35	40.7	40.7	47.7
	2.	45	52.3	52.3	100.0
	TOTAL	86	100.0	100.0	

MEAN	1.453	STD ERR	.068	MEDIAN	1.544
MODE	2.000	STD DEV	.626	VARIANCE	.392

MUSCLE INDEX

CATEGORY LABEL	CODE	ABSOLUTE FREQ	RELATIVE FREQ (PCT)	ADJUSTED FREQ (PCT)	CUM FREQ (PCT)
	0	7	8.1	8.1	8.1
	1.	36	41.9	41.9	50.0
	2.	43	50.0	50.0	100.0
	TOTAL	86	100.0	100.0	

MEAN	1.419	STD ERR	.069	MEDIAN	1.500
MODE	2.000	STD DEV	.641	VARIANCE	.411

TOTAL TEETH INDEX

CATEGORY LABEL	CODE	ABSOLUTE FREQ	RELATIVE FREQ (PCT)	ADJUSTED FREQ (PCT)	CUM FREQ (PCT)
	1.	3	3.5	3.6	3.6
	2.	80	93.0	96.4	100.0
	999.	3	3.5	MISSING	
	TOTAL	86	100.0	100.0	

MEAN	1.964	STD ERR	.021	MEDIAN	1.981
MODE	2.000	STD DEV	.188	VARIANCE	.035

RADIOGRAPHIC INDEX

CATEGORY LABEL	CODE	ABSOLUTE FREQ	RELATIVE FREQ (PCT)	ADJUSTED FREQ (PCT)	CUM FREQ (PCT)
	0	11	12.8	26.2	26.2
	1.	6	7.0	14.3	40.5
	2.	25	29.1	59.5	100.0
	999.	44	51.2	MISSING	
	TOTAL	86	100.0	100.0	

MEAN	1.333	STD ERR	.135	MEDIAN	1.660
MODE	2.000	STD DEV	.874	VARIANCE	.764

GENERAL HYPOCHONDRIASIS

CATEGORY LABEL	CODE	ABSOLUTE FREQ	RELATIVE FREQ (PCT)	ADJUSTED FREQ (PCT)	CUM FREQ (PCT)
	0	27	31.4	31.4	31.4
	1.	30	34.9	34.9	66.3
	2.	13	15.1	15.1	81.4
	3.	7	8.1	8.1	89.5
	4.	5	5.8	5.8	95.3
	5.	1	1.2	1.2	96.5
	6.	1	1.2	1.2	97.7
	7.	2	2.3	2.3	100.0
	TOTAL	86	100.0	100.0	

MEAN	1.419	STD ERR	.170	MEDIAN	1.033
MODE	1.000	STD DEV	1.575	VARIANCE	2.482

DISEASE CONVICTION

CATEGORY LABEL	CODE	ABSOLUTE FREQ	RELATIVE FREQ (PCT)	ADJUSTED FREQ (PCT)	CUM FREQ (PCT)
	0	17	19.8	19.8	19.8
	1.	21	24.4	24.4	44.2
	2.	18	20.9	20.9	65.1
	3.	21	24.4	24.4	89.5
	4.	3	3.5	3.5	93.0
	5.	3	3.5	3.5	96.5
	6.	3	3.5	3.5	100.0
	TOTAL	86	100.0	100.0	

MEAN	1.919	STD ERR	.164	MEDIAN	1.778
MODE	1.000	STD DEV	1.520	VARIANCE	2.311

PSYCHOLOGICAL V SOMATIC FOCUSING

CATEGORY LABEL	CODE	ABSOLUTE FREQ	RELATIVE FREQ (PCT)	ADJUSTED FREQ (PCT)	CUM FREQ (PCT)
	0	7	8.1	8.1	8.1
	1.	25	29.1	29.1	37.2
	2.	40	46.5	46.5	83.7
	3.	11	12.8	12.8	96.5
	4.	3	3.5	3.5	100.0
	TOTAL	86	100.0	100.0	

MEAN	1.744	STD ERR	.098	MEDIAN	1.775
MODE	2.000	STD DEV	.910	VARIANCE	.828

AFFECTIVE INHIBITION

CATEGORY LABEL	CODE	ABSOLUTE FREQ	RELATIVE FREQ (PCT)	ADJUSTED FREQ (PCT)	CUM FREQ (PCT)
	0	12	14.0	14.0	14.0
	1.	12	14.0	14.0	27.9
	2.	22	25.6	25.6	53.5
	3.	15	17.4	17.4	70.9
	4.	15	17.4	17.4	88.4
	5.	10	11.6	11.6	100.0
	TOTAL	86	100.0	100.0	

MEAN	2.453	STD ERR	.168	MEDIAN	2.364
MODE	2.000	STD DEV	1.562	VARIANCE	2.439

AFFECTIVE DISTURBANCE

CATEGORY LABEL	CODE	ABSOLUTE FREQ	RELATIVE FREQ (PCT)	ADJUSTED FREQ (PCT)	CUM FREQ (PCT)
	0	16	18.6	18.6	18.6
	1.	12	14.0	14.0	32.6
	2.	22	25.6	25.6	58.1
	3.	11	12.8	12.8	70.9
	4.	18	20.9	20.9	91.9
	5.	7	8.1	8.1	100.0
	TOTAL	86	100.0	100.0	

MEAN	2.279	STD ERR	.172	MEDIAN	2.182
MODE	2.000	STD DEV	1.592	VARIANCE	2.533

DENIAL

CATEGORY LABEL	CODE	ABSOLUTE FREQ	RELATIVE FREQ (PCT)	ADJUSTED FREQ (PCT)	CUM FREQ (PCT)
	0	7	8.1	8.1	8.1
	1.	12	14.0	14.0	22.1
	2.	14	16.3	16.3	38.4
	3.	16	18.6	18.6	57.0
	4.	20	23.3	23.3	80.2
	5.	17	19.8	19.8	100.0
	TOTAL	86	100.0	100.0	

MEAN	2.942	STD ERR	.171	MEDIAN	3.125
MODE	4.000	STD DEV	1.582	VARIANCE	2.502

IRRITABILITY

CATEGORY LABEL	CODE	ABSOLUTE FREQ	RELATIVE FREQ (PCT)	ADJUSTED FREQ (PCT)	CUM FREQ (PCT)
	0	13	15.1	15.1	15.1
	1.	26	30.2	30.2	45.3
	2.	14	16.3	16.3	61.6
	3.	14	16.3	16.3	77.9
	4.	12	14.0	14.0	91.9
	5.	4	4.7	4.7	96.5
	6.	3	3.5	3.5	100.0
	TOTAL	86	100.0	100.0	

MEAN	2.116	STD ERR	.175	MEDIAN	1.786
MODE	1.000	STD DEV	1.619	VARIANCE	2.622

AFFECTIVE STATE

CATEGORY LABEL	CODE	ABSOLUTE FREQ	RELATIVE FREQ (PCT)	ADJUSTED FREQ (PCT)	CUM FREQ (PCT)
	1.	6	7.0	7.0	7.0
	2.	9	10.5	10.5	17.4
	3.	11	12.8	12.8	30.2
	4.	7	8.1	8.1	38.4
	5.	16	18.6	18.6	57.0
	6.	7	8.1	8.1	65.1
	7.	4	4.7	4.7	69.8
	8.	8	9.3	9.3	79.1
	9.	6	7.0	7.0	86.0
	10.	4	4.7	4.7	90.7
	11.	2	2.3	2.3	93.0
	13.	3	3.5	3.5	96.5
	14.	2	2.3	2.3	98.8
	18.	1	1.2	1.2	100.0
	TOTAL	86	100.0	100.0	

MEAN	5.814	STD ERR	.380	MEDIAN	5.125
MODE	5.000	STD DEV	3.526	VARIANCE	12.436

DISEASE AFFIRMATION

CATEGORY LABEL	CODE	ABSOLUTE FREQ	RELATIVE FREQ (PCT)	ADJUSTED FREQ (PCT)	CUM FREQ (PCT)
	1.	1	1.2	1.2	1.2
	2.	5	5.8	5.8	7.0
	3.	11	12.8	12.8	19.8
	4.	21	24.4	24.4	44.2
	5.	13	15.1	15.1	59.3
	6.	14	16.3	16.3	75.6
	7.	10	11.6	11.6	87.2
	8.	5	5.8	5.8	93.0
	9.	2	2.3	2.3	95.3
	10.	4	4.7	4.7	100.0
	TOTAL	86	100.0	100.0	

MEAN	5.174	STD ERR	.220	MEDIAN	4.835
MODE	4.000	STD DEV	2.042	VARIANCE	4.169

DISCRIMINANT FUNCTION

CATEGORY LABEL	CODE	ABSOLUTE FREQ	RELATIVE FREQ (PCT)	ADJUSTED FREQ (PCT)	CUM FREQ (PCT)
	15.	1	1.2	1.2	1.2
	22.	1	1.2	1.2	2.3
	31.	1	1.2	1.2	3.5
	32.	1	1.2	1.2	4.7
	32.	1	1.2	1.2	5.8
	32.	2	2.3	2.3	8.1
	33.	1	1.2	1.2	9.3

DISCRIMINANT FUNCTION (CONT)

35.	1	1.2	1.2	10.5
35.	2	2.3	2.3	12.3
36.	1	1.2	1.2	14.0
36.	1	1.2	1.2	15.1
36.	1	1.2	1.2	16.3
39.	1	1.2	1.2	17.4
39.	1	1.2	1.2	18.6
41.	3	3.5	3.5	22.1
42.	2	2.3	2.3	24.4
42.	1	1.2	1.2	25.6
42.	3	3.5	3.5	29.1
44.	1	1.2	1.2	30.2
44.	1	1.2	1.2	31.4
45.	1	1.2	1.2	32.6
45.	1	1.2	1.2	33.7
45.	1	1.2	1.2	34.9
46.	1	1.2	1.2	36.0
46.	1	1.2	1.2	37.2
47.	1	1.2	1.2	38.4
47.	1	1.2	1.2	39.5
48.	2	2.3	2.3	41.9
48.	2	2.3	2.3	44.2
49.	1	1.2	1.2	45.3
49.	1	1.2	1.2	46.5
49.	1	1.2	1.2	47.7
50.	1	1.2	1.2	48.8
50.	1	1.2	1.2	50.0
51.	1	1.2	1.2	51.2
51.	1	1.2	1.2	52.3
52.	2	2.3	2.3	54.7
52.	1	1.2	1.2	55.8
53.	3	3.5	3.5	59.3
53.	1	1.2	1.2	60.5
54.	1	1.2	1.2	61.6
54.	1	1.2	1.2	62.8
54.	1	1.2	1.2	64.0

DISCRIMINANT FUNCTION (CONT)

56.	1	1.2	1.2	65.1
57.	1	1.2	1.2	66.3
57.	1	1.2	1.2	67.4
58.	2	2.3	2.3	69.8
60.	1	1.2	1.2	70.9
61.	1	1.2	1.2	72.1
62.	1	1.2	1.2	73.3
63.	1	1.2	1.2	74.4
64.	1	1.2	1.2	75.6
65.	1	1.2	1.2	76.7
65.	1	1.2	1.2	77.9
66.	1	1.2	1.2	79.1
66.	1	1.2	1.2	80.2
69.	1	1.2	1.2	81.4
69.	1	1.2	1.2	82.6
70.	1	1.2	1.2	83.7
70.	1	1.2	1.2	84.9
71.	3	3.5	3.5	88.4
72.	1	1.2	1.2	89.5
75.	1	1.2	1.2	90.7
77.	1	1.2	1.2	91.9
77.	2	2.3	2.3	94.2
79.	1	1.2	1.2	95.3
82.	1	1.2	1.2	96.5
82.	1	1.2	1.2	97.7
85.	1	1.2	1.2	98.8
88.	1	1.2	1.2	100.0
TOTAL	86	100.0	100.0	

MEAN	52.534	STD ERR	1.637	MEDIAN	50.650
MODE	40.600	STD DEV	15.185	VARIANCE	230.579

WHITELEY INDEX

CATEGORY LABEL	CODE	ABSOLUTE FREQ	RELATIVE FREQ (PCT)	ADJUSTED FREQ (PCT)	CUM FREQ (PCT)
	0	13	15.1	15.1	15.1
	1.	13	15.1	15.1	30.2
	2.	20	23.3	23.3	53.5
	3.	7	8.1	8.1	61.6
	4.	8	9.3	9.3	70.9
	5.	10	11.6	11.6	82.6
	6.	8	9.3	9.3	91.9
	7.	2	2.3	2.3	94.2
	10.	2	2.3	2.3	96.5
	11.	1	1.2	1.2	97.7
	12.	1	1.2	1.2	98.8
	13.	1	1.2	1.2	100.0
	TOTAL	86	100.0	100.0	

MEAN	3.186	STD ERR	.305	MEDIAN	2.350
MODE	2.000	STD DEV	2.831	VARIANCE	8.012

SPEILBERGER STATE SCORE

CATEGORY LABEL	CODE	ABSOLUTE FREQ	RELATIVE FREQ (PCT)	ADJUSTED FREQ (PCT)	CUM FREQ (PCT)
	20.	1	1.2	1.3	1.3
	21.	1	1.2	1.3	2.6
	22.	1	1.2	1.3	3.8
	23.	1	1.2	1.3	5.1
	25.	2	2.3	2.6	7.7
	27.	3	3.5	3.8	11.5
	28.	3	3.5	3.8	15.4
	29.	2	2.3	2.6	17.9
	30.	2	2.3	2.6	20.5
	31.	7	8.1	9.0	29.5
	32.	3	3.5	3.8	33.3
	33.	8	9.3	10.3	43.6

SPEILBERGER STATE SCORE (CONT)

35.	2	2.3	2.6	46.2
36.	1	1.2	1.3	47.4
37.	5	5.8	6.4	53.8
38.	1	1.2	1.3	55.1
39.	6	7.0	7.7	62.8
40.	3	3.5	3.8	66.7
41.	1	1.2	1.3	67.9
42.	1	1.2	1.3	69.2
43.	1	1.2	1.3	70.5
45.	1	1.2	1.3	71.8
46.	3	3.5	3.8	75.6
47.	2	2.3	2.6	78.2
49.	2	2.3	2.6	80.8
50.	2	2.3	2.6	83.3
52.	3	3.5	3.8	87.2
56.	1	1.2	1.3	88.5
57.	1	1.2	1.3	89.7
58.	2	2.3	2.6	92.3
60.	1	1.2	1.3	93.6
64.	1	1.2	1.3	94.9
65.	1	1.2	1.3	96.2
67.	1	1.2	1.3	97.4
68.	1	1.2	1.3	98.7
75.	1	1.2	1.3	100.0
999.	8	9.3	MISSING	
TOTAL	86	100.0	100.0	

MEAN	39.282	STD ERR	1.354	MEDIAN	36.900
MODE	33.000	STD DEV	11.957	VARIANCE	142.958

LIFE EVENTS

CATEGORY LABEL	CODE	ABSOLUTE FREQ	RELATIVE FREQ (PCT)	ADJUSTED FREQ (PCT)	CUM FREQ (PCT)
	0	6	7.0	7.1	7.1
	19.	1	1.2	1.2	8.2
	29.	1	1.2	1.2	9.4

SPIELBERGER TRAIT SCORE

CATEGORY LABEL	CODE	ABSOLUTE FREQ	RELATIVE FREQ (PCT)	ADJUSTED FREQ (PCT)	CUM FREQ (PCT)
	23.	1	1.2	1.3	1.3
	24.	2	2.3	2.6	3.9
	25.	1	1.2	1.3	5.3
	26.	1	1.2	1.3	6.6
	27.	1	1.2	1.3	7.9
	28.	1	1.2	1.3	9.2
	29.	3	3.5	3.9	13.2
	30.	1	1.2	1.3	14.5
	31.	5	5.8	6.6	21.1
	32.	1	1.2	1.3	22.4
	33.	6	7.0	7.9	30.3
	34.	4	4.7	5.3	35.5
	35.	2	2.3	2.6	38.2
	36.	5	5.8	6.6	44.7
	37.	6	7.0	7.9	52.6
	38.	3	3.5	3.9	56.6
	39.	2	2.3	2.6	59.2
	40.	2	2.3	2.6	61.8
	41.	3	3.5	3.9	65.8
	42.	3	3.5	3.9	69.7
	43.	2	2.3	2.6	72.4
	45.	1	1.2	1.3	73.7
	46.	1	1.2	1.3	75.0
	47.	2	2.3	2.6	77.6
	49.	1	1.2	1.3	78.9
	50.	1	1.2	1.3	80.3
	51.	1	1.2	1.3	81.6
	52.	1	1.2	1.3	82.9
	53.	1	1.2	1.3	84.2
	54.	3	3.5	3.9	88.2
	55.	1	1.2	1.3	89.5
	56.	1	1.2	1.3	90.8
	58.	2	2.3	2.6	93.4
	60.	1	1.2	1.3	94.7
	61.	1	1.2	1.3	96.1
	65.	1	1.2	1.3	97.4
	67.	1	1.2	1.3	98.7
	71.	1	1.2	1.3	100.0
	999.	10	11.6	MISSING	
	TOTAL	86	100.0	100.0	

MEAN	40.092	STD ERR	1.241	MEDIAN	37.167
MODE	33.000	STD DEV	10.821	VARIANCE	117.098

ZUNG DEPRESSION SCORE

CATEGORY LABEL	CODE	ABSOLUTE FREQ	RELATIVE FREQ (PCT)	ADJUSTED FREQ (PCT)	CUM FREQ (PCT)
	21.	2	2.3	2.8	2.8
	22.	1	1.2	1.4	4.2
	23.	2	2.3	2.8	6.9
	24.	2	2.3	2.8	9.7
	25.	2	2.3	2.8	12.5
	28.	3	3.5	4.2	16.7
	29.	3	3.5	4.2	20.8
	30.	1	1.2	1.4	22.2
	31.	3	3.5	4.2	26.4
	32.	2	2.3	2.8	29.2
	33.	6	7.0	8.3	37.5
	34.	4	4.7	5.6	43.1
	35.	4	4.7	5.6	48.6
	36.	1	1.2	1.4	50.0
	37.	3	3.5	4.2	54.2
	38.	3	3.5	4.2	58.3
	39.	3	3.5	4.2	62.5
	41.	3	3.5	4.2	66.7
	42.	4	4.7	5.6	72.2
	43.	1	1.2	1.4	73.6
	44.	2	2.3	2.8	76.4
	45.	1	1.2	1.4	77.8
	46.	2	2.3	2.8	80.6
	47.	2	2.3	2.8	83.3
	48.	2	2.3	2.8	86.1
	49.	1	1.2	1.4	87.5
	50.	2	2.3	2.8	90.3
	51.	1	1.2	1.4	91.7
	52.	1	1.2	1.4	93.1
	53.	1	1.2	1.4	94.4
	57.	1	1.2	1.4	95.8
	59.	2	2.3	2.8	98.6
	60.	1	1.2	1.4	100.0
	999.	14	16.3	MISSING	
	TOTAL	86	100.0	100.0	

MEAN	37.597	STD ERR	1.131	MEDIAN	36.500
MODE	33.000	STD DEV	9.599	VARIANCE	92.131

56.	1	1.2	1.2	10.6
65.	1	1.2	1.2	11.8
99.	1	1.2	1.2	12.9
113.	1	1.2	1.2	14.1
115.	1	1.2	1.2	15.3
122.	1	1.2	1.2	16.5
136.	1	1.2	1.2	17.6
140.	1	1.2	1.2	18.8
160.	1	1.2	1.2	20.0
161.	1	1.2	1.2	21.2
165.	1	1.2	1.2	22.4
166.	1	1.2	1.2	23.5
179.	1	1.2	1.2	24.7
185.	2	2.3	2.4	27.1
191.	1	1.2	1.2	28.2
206.	1	1.2	1.2	29.4
212.	1	1.2	1.2	30.6
218.	1	1.2	1.2	31.8
236.	1	1.2	1.2	32.9
244.	1	1.2	1.2	34.1
252.	1	1.2	1.2	35.3
264.	1	1.2	1.2	36.5
268.	1	1.2	1.2	37.6
275.	1	1.2	1.2	38.8
277.	1	1.2	1.2	40.0
279.	1	1.2	1.2	41.2
294.	1	1.2	1.2	42.4
306.	1	1.2	1.2	43.5
324.	1	1.2	1.2	44.7
331.	1	1.2	1.2	45.9
343.	1	1.2	1.2	47.1
347.	1	1.2	1.2	48.2
383.	1	1.2	1.2	49.4
391.	1	1.2	1.2	50.6
409.	1	1.2	1.2	51.8
412.	1	1.2	1.2	52.9
415.	1	1.2	1.2	54.1
429.	1	1.2	1.2	55.3

A.2.20

445.	1	1.2	1.2	56.5
455.	1	1.2	1.2	57.6
459.	1	1.2	1.2	58.8
463.	1	1.2	1.2	60.0
476.	1	1.2	1.2	61.2
482.	1	1.2	1.2	62.4
486.	1	1.2	1.2	63.5
500.	1	1.2	1.2	64.7
510.	1	1.2	1.2	65.9
512.	1	1.2	1.2	67.1
528.	2	2.3	2.4	69.4
555.	1	1.2	1.2	70.6
575.	1	1.2	1.2	71.8
585.	1	1.2	1.2	72.9
597.	1	1.2	1.2	74.1
607.	1	1.2	1.2	75.3
613.	1	1.2	1.2	76.5
633.	1	1.2	1.2	77.6
637.	1	1.2	1.2	78.8
669.	1	1.2	1.2	80.0
691.	1	1.2	1.2	81.2
694.	1	1.2	1.2	82.4
701.	1	1.2	1.2	83.5
732.	1	1.2	1.2	84.7
737.	2	2.3	2.4	87.1
799.	1	1.2	1.2	88.2
807.	1	1.2	1.2	89.4
823.	1	1.2	1.2	90.6
826.	1	1.2	1.2	91.8
827.	1	1.2	1.2	92.9
984.	1	1.2	1.2	94.1
1046.	1	1.2	1.2	95.3
1131.	1	1.2	1.2	96.5
1288.	1	1.2	1.2	97.6
1531.	1	1.2	1.2	98.8
1624.	1	1.2	1.2	100.0
999.	1	1.2	MISSING	
TOTAL	86	100.0	100.0	

MEAN	432.306	STD ERR	36.400	MEDIAN	391.000
MODE	0	STD DEV	335.588	VARIANCE	112619.262

SEXUAL PROBLEMS

CATEGORY LABEL	CODE	ABSOLUTE FREQ	RELATIVE FREQ (PCT)	ADJUSTED FREQ (PCT)	CUM FREQ (PCT)
GOOD SEX	7.	62	72.1	72.9	72.9
BAD SEX	8.	23	26.7	27.1	100.0
	999.	1	1.2	MISSING	
	TOTAL	86	100.0	100.0	

SERIOUS EVENTS

CATEGORY LABEL	CODE	ABSOLUTE FREQ	RELATIVE FREQ (PCT)	ADJUSTED FREQ (PCT)	CUM FREQ (PCT)
	0	9	10.5	10.6	10.6
	25.	2	2.3	2.4	12.9
	29.	1	1.2	1.2	14.1
	44.	1	1.2	1.2	15.3
	63.	1	1.2	1.2	16.5
	73.	2	2.3	2.4	18.8
	93.	1	1.2	1.2	20.0
	99.	1	1.2	1.2	21.2
	100.	2	2.3	2.4	23.5
	106.	1	1.2	1.2	24.7
	111.	1	1.2	1.2	25.9
	117.	2	2.3	2.4	28.2
	121.	1	1.2	1.2	29.4
	126.	1	1.2	1.2	30.6
	128.	1	1.2	1.2	31.8
	139.	1	1.2	1.2	32.9
	146.	1	1.2	1.2	34.1
	148.	2	2.3	2.4	36.5
	176.	1	1.2	1.2	37.6
	186.	1	1.2	1.2	38.8
	190.	1	1.2	1.2	40.0
	206.	1	1.2	1.2	41.2
	210.	1	1.2	1.2	42.4
	216.	1	1.2	1.2	43.5
	224.	1	1.2	1.2	44.7
	225.	1	1.2	1.2	45.9
	235.	1	1.2	1.2	47.1
	243.	1	1.2	1.2	48.2
	246.	1	1.2	1.2	49.4
	264.	1	1.2	1.2	50.6

A.2.22

269.	2	2.3	2.4	52.9
278.	1	1.2	1.2	54.1
285.	1	1.2	1.2	55.3
311.	1	1.2	1.2	56.5
316.	1	1.2	1.2	57.6
319.	1	1.2	1.2	58.8
320.	1	1.2	1.2	60.0
368.	2	2.3	2.4	62.4
377.	1	1.2	1.2	63.5
382.	1	1.2	1.2	64.7
386.	2	2.3	2.4	67.1
399.	1	1.2	1.2	68.2
407.	1	1.2	1.2	69.4
427.	1	1.2	1.2	70.6
428.	1	1.2	1.2	71.8
438.	1	1.2	1.2	72.9
449.	1	1.2	1.2	74.1
459.	1	1.2	1.2	75.3
463.	1	1.2	1.2	76.5
486.	1	1.2	1.2	77.6
495.	1	1.2	1.2	78.8
508.	1	1.2	1.2	80.0
509.	1	1.2	1.2	81.2
548.	1	1.2	1.2	82.4
550.	1	1.2	1.2	83.5
558.	1	1.2	1.2	84.7
568.	1	1.2	1.2	85.9
578.	1	1.2	1.2	87.1
597.	1	1.2	1.2	88.2
607.	2	2.3	2.4	90.6
638.	1	1.2	1.2	91.8
686.	1	1.2	1.2	92.9
694.	1	1.2	1.2	94.1
963.	1	1.2	1.2	95.3
1019.	1	1.2	1.2	96.5
1022.	1	1.2	1.2	97.6
1127.	1	1.2	1.2	98.8
1245.	1	1.2	1.2	100.0
999.	1	1.2	MISSING	
TOTAL	86	100.0	100.0	

MEAN	316.153	STD ERR	29.584	MEDIAN	264.000
MODE	0	STD DEV	272.749	VARIANCE	74392.012

APPENDIX V

PART A

SECTION 2
(Pages A.2.23 to A.2.35)

2. This section shows frequency distribution and mean data of the group of patients in the study who suffered from TMJ Dysfunction and who also had other musculo-skeletal problems.

AGE

CATEGORY LABEL	CODE	ABSOLUTE FREQ	RELATIVE FREQ (PCT)	ADJUSTED FREQ (PCT)	CUM FREQ (PCT)
	29.	1	5.9	5.9	5.9
	33.	1	5.9	5.9	11.8
	39.	1	5.9	5.9	17.6
	40.	1	5.9	5.9	23.5
	52.	2	11.8	11.8	35.3
	56.	1	5.9	5.9	41.2
	57.	2	11.8	11.8	52.9
	59.	1	5.9	5.9	58.8
	60.	3	17.6	17.6	76.5
	65.	2	11.8	11.8	88.2
	74.	1	5.9	5.9	94.1
	85.	1	5.9	5.9	100.0
	TOTAL	17	100.0	100.0	

MEAN	53.471	STD ERR	3.439	MEDIAN	57.250
MODE	60.000	STD DEV	14.178	VARIANCE	201.015

ANAMNESTIC INDEX

CATEGORY LABEL	CODE	ABSOLUTE FREQ	RELATIVE FREQ (PCT)	ADJUSTED FREQ (PCT)	CUM FREQ (PCT)
	2.	17	100.0	100.0	100.0
	TOTAL	17	100.0	100.0	

MEAN	2.000	STD ERR	0	MEDIAN	2.000
MODE	2.000	STD DEV	0	VARIANCE	0

CLINICAL INDEX

CATEGORY LABEL	CODE	ABSOLUTE FREQ	RELATIVE FREQ (PCT)	ADJUSTED FREQ (PCT)	CUM FREQ (PCT)
	0	1	5.9	5.9	5.9
	1.	6	35.3	35.3	41.2
	2.	10	58.8	58.8	100.0
	TOTAL	17	100.0	100.0	

MEAN	1.529	STD ERR	.151	MEDIAN	1.650
MODE	2.000	STD DEV	.624	VARIANCE	.390

OCCUPATION

CATEGORY LABEL	CODE	ABSOLUTE FREQ	RELATIVE FREQ (PCT)	ADJUSTED FREQ (PCT)	CUM FREQ (PCT)
P.T. HOUSEWIFE	1.	1	5.9	5.9	5.9
F.T. HOUSEWIFE	2.	12	70.6	70.6	76.5
PENSIONER	7.	3	17.6	17.6	94.1
OTHERS	9.	1	5.9	5.9	100.0
	TOTAL	17	100.0	100.0	

NUMBER NATURAL TEETH

CATEGORY LABEL	CODE	ABSOLUTE FREQ	RELATIVE FREQ (PCT)	ADJUSTED FREQ (PCT)	CUM FREQ (PCT)
	0	7	41.2	41.2	41.2
	9.	1	5.9	5.9	47.1
	11.	1	5.9	5.9	52.9
	12.	1	5.9	5.9	58.8
	15.	1	5.9	5.9	64.7
	18.	1	5.9	5.9	70.6
	22.	2	11.8	11.8	82.4
	27.	1	5.9	5.9	88.2
	28.	2	11.8	11.8	100.0
	TOTAL	17	100.0	100.0	

MEAN	11.294	STD ERR	2.706	MEDIAN	11.000
MODE	0	STD DEV	11.157	VARIANCE	124.471

CONTACTS

CATEGORY LABEL	CODE	ABSOLUTE FREQ	RELATIVE FREQ (PCT)	ADJUSTED FREQ (PCT)	CUM FREQ (PCT)
	2.	1	5.9	5.9	5.9
	7.	1	5.9	5.9	11.8
	12.	1	5.9	5.9	17.6
	15.	1	5.9	5.9	23.5
	16.	1	5.9	5.9	29.4
	18.	1	5.9	5.9	35.3
	21.	1	5.9	5.9	41.2
	26.	1	5.9	5.9	47.1
	28.	9	52.9	52.9	100.0
	TOTAL	17	100.0	100.0	

MEAN	21.706	STD ERR	2.070	MEDIAN	27.556
MODE	28.000	STD DEV	8.535	VARIANCE	72.846

TREATMENT TIME

CATEGORY LABEL	CODE	ABSOLUTE FREQ	RELATIVE FREQ (PCT)	ADJUSTED FREQ (PCT)	CUM FREQ (PCT)
	1.	8	47.1	57.1	57.1
	2.	3	17.6	21.4	78.6
	3.	1	5.9	7.1	85.7
	5.	1	5.9	7.1	92.9
	7.	1	5.9	7.1	100.0
	99.	3	17.6	MISSING	
	TOTAL	17	100.0	100.0	

MEAN	2.071	STD ERR	.486	MEDIAN	1.375
MODE	1.000	STD DEV	1.817	VARIANCE	3.302

TIME ELAPSED

CATEGORY LABEL	CODE	ABSOLUTE FREQ	RELATIVE FREQ (PCT)	ADJUSTED FREQ (PCT)	CUM FREQ (PCT)
	3.	2	11.8	14.3	14.3
	4.	1	5.9	7.1	21.4
	6.	1	5.9	7.1	28.6
	7.	1	5.9	7.1	35.7
	8.	1	5.9	7.1	42.9
	9.	4	23.5	28.6	71.4
	10.	2	11.8	14.3	85.7
	11.	1	5.9	7.1	92.9
	12.	1	5.9	7.1	100.0
	99.	3	17.6	MISSING	
	TOTAL	17	100.0	100.0	

MEAN	7.857	STD ERR	.769	MEDIAN	8.750
MODE	9.000	STD DEV	2.878	VARIANCE	8.286

INITIAL TREATMENT

CATEGORY LABEL	CODE	ABSOLUTE FREQ	RELATIVE FREQ (PCT)	ADJUSTED FREQ (PCT)	CUM FREQ (PCT)
	1.	10	58.8	83.3	83.3
	4.	1	5.9	8.3	91.7
	7.	1	5.9	8.3	100.0
	9.	5	29.4	MISSING	
	TOTAL	17	100.0	100.0	

MEAN	1.750	STD ERR	.538	MEDIAN	1.300
MODE	1.000	STD DEV	1.865	VARIANCE	3.477

SECOND TREATMENT

CATEGORY LABEL	CODE	ABSOLUTE FREQ	RELATIVE FREQ (PCT)	ADJUSTED FREQ (PCT)	CUM FREQ (PCT)
	2.	1	5.9	8.3	8.3
	4.	1	5.9	8.3	16.7
	5.	3	17.6	25.0	41.7
	7.	7	41.2	58.3	100.0
	9.	5	29.4	MISSING	
	TOTAL	17	100.0	100.0	

MEAN	5.833	STD ERR	.474	MEDIAN	6.643
MODE	7.000	STD DEV	1.642	VARIANCE	2.697

THIRD TREATMENT

CATEGORY LABEL	CODE	ABSOLUTE FREQ	RELATIVE FREQ (PCT)	ADJUSTED FREQ (PCT)	CUM FREQ (PCT)
	4.	1	5.9	8.3	8.3
	5.	1	5.9	8.3	16.7
	7.	10	58.8	83.3	100.0
	9.	5	29.4	MISSING	
	TOTAL	17	100.0	100.0	

MEAN	6.583	STD ERR	.288	MEDIAN	6.900
MODE	7.000	STD DEV	.996	VARIANCE	.992

MARITAL STATUS

CATEGORY LABEL	CODE	ABSOLUTE FREQ	RELATIVE FREQ (PCT)	ADJUSTED FREQ (PCT)	CUM FREQ (PCT)
MARRIED	1.	6	35.3	35.3	35.3
DIVORCED	2.	3	17.6	17.6	52.9
SINGLE	4.	5	29.4	29.4	82.4
OTHERS	5.	3	17.6	17.6	100.0
	TOTAL	17	100.0	100.0	

COUNTRY

CATEGORY LABEL	CODE	ABSOLUTE FREQ	RELATIVE FREQ (PCT)	ADJUSTED FREQ (PCT)	CUM FREQ (PCT)
AUSTRALIA	1.	8	47.1	47.1	47.1
EUROPE	2.	5	29.4	29.4	76.5
OTHERS	6.	4	23.5	23.5	100.0
	TOTAL	17	100.0	100.0	

T.M.J. INDEX

CATEGORY LABEL	CODE	ABSOLUTE FREQ	RELATIVE FREQ (PCT)	ADJUSTED FREQ (PCT)	CUM FREQ (PCT)
	0	1	5.9	5.9	5.9
	1.	8	47.1	47.1	52.9
	2.	8	47.1	47.1	100.0
	TOTAL	17	100.0	100.0	

MEAN	1.412	STD ERR	.150	MEDIAN	1.438
MODE	1.000	STD DEV	.618	VARIANCE	.382

MUSCLE INDEX

CATEGORY LABEL	CODE	ABSOLUTE FREQ	RELATIVE FREQ (PCT)	ADJUSTED FREQ (PCT)	CUM FREQ (PCT)
	0	1	5.9	5.9	5.9
	1.	2	11.8	11.8	17.6
	2.	14	82.4	82.4	100.0
	TOTAL	17	100.0	100.0	

MEAN	1.765	STD ERR	.136	MEDIAN	1.893
MODE	2.000	STD DEV	.562	VARIANCE	.316

TOTAL TEETH INDEX

CATEGORY LABEL	CODE	ABSOLUTE FREQ	RELATIVE FREQ (PCT)	ADJUSTED FREQ (PCT)	CUM FREQ (PCT)
	1.	1	5.9	5.9	5.9
	2.	16	94.1	94.1	100.0
	TOTAL	17	100.0	100.0	

MEAN	1.941	STD ERR	.059	MEDIAN	1.969
MODE	2.000	STD DEV	.243	VARIANCE	.059

RADIOGRAPHIC INDEX

CATEGORY LABEL	CODE	ABSOLUTE FREQ	RELATIVE FREQ (PCT)	ADJUSTED FREQ (PCT)	CUM FREQ (PCT)
	0	2	11.8	15.4	15.4
	1.	2	11.8	15.4	30.8
	2.	9	52.9	69.2	100.0
	999.	4	23.5	MISSING	
	TOTAL	17	100.0	100.0	

MEAN	1.538	STD ERR	.215	MEDIAN	1.773
MODE	2.000	STD DEV	.776	VARIANCE	.603

GENERAL HYPOCHONDRIASIS

CATEGORY LABEL	CODE	ABSOLUTE FREQ	RELATIVE FREQ (PCT)	ADJUSTED FREQ (PCT)	CUM FREQ (PCT)
	0	8	47.1	47.1	47.1
	1.	2	11.8	11.8	58.8
	2.	1	5.9	5.9	64.7
	3.	1	5.9	5.9	70.6
	4.	4	23.5	23.5	94.1
	8.	1	5.9	5.9	100.0
	TOTAL	17	100.0	100.0	

MEAN	1.824	STD ERR	.564	MEDIAN	.750
MODE	0	STD DEV	2.325	VARIANCE	5.404

DISEASE CONVICTION

CATEGORY LABEL	CODE	ABSOLUTE FREQ	RELATIVE FREQ (PCT)	ADJUSTED FREQ (PCT)	CUM FREQ (PCT)
	0	1	5.9	5.9	5.9
	1.	4	23.5	23.5	29.4
	2.	2	11.8	11.8	41.2
	3.	8	47.1	47.1	88.2
	4.	1	5.9	5.9	94.1
	6.	1	5.9	5.9	100.0
	TOTAL	17	100.0	100.0	

MEAN	2.471	STD ERR	.344	MEDIAN	2.688
MODE	3.000	STD DEV	1.419	VARIANCE	2.015

PSYCHOLOGICAL V SOMATIC FOCUSING

CATEGORY LABEL	CODE	ABSOLUTE FREQ	RELATIVE FREQ (PCT)	ADJUSTED FREQ (PCT)	CUM FREQ (PCT)
	0	4	23.5	23.5	23.5
	1.	6	35.3	35.3	58.8
	2.	7	41.2	41.2	100.0
	TOTAL	17	100.0	100.0	

MEAN	1.176	STD ERR	.196	MEDIAN	1.250
MODE	2.000	STD DEV	.809	VARIANCE	.654

AFFECTIVE INHIBITION

CATEGORY LABEL	CODE	ABSOLUTE FREQ	RELATIVE FREQ (PCT)	ADJUSTED FREQ (PCT)	CUM FREQ (PCT)
	0	4	23.5	23.5	23.5
	1.	4	23.5	23.5	47.1
	2.	3	17.6	17.6	64.7
	3.	3	17.6	17.6	82.4
	4.	3	17.6	17.6	100.0
	TOTAL	17	100.0	100.0	

MEAN	1.824	STD ERR	.356	MEDIAN	1.667
MODE	0	STD DEV	1.468	VARIANCE	2.154

AFFECTIVE DISTURBANCE

CATEGORY LABEL	CODE	ABSOLUTE FREQ	RELATIVE FREQ (PCT)	ADJUSTED FREQ (PCT)	CUM FREQ (PCT)
	0	3	17.6	17.6	17.6
	1.	1	5.9	5.9	23.5
	2.	4	23.5	23.5	47.1
	3.	2	11.8	11.8	58.8
	4.	4	23.5	23.5	82.4
	5.	3	17.6	17.6	100.0
	TOTAL	17	100.0	100.0	

MEAN	2.706	STD ERR	.427	MEDIAN	2.750
MODE	2.000	STD DEV	1.759	VARIANCE	3.096

DENIAL

CATEGORY LABEL	CODE	ABSOLUTE FREQ	RELATIVE FREQ (PCT)	ADJUSTED FREQ (PCT)	CUM FREQ (PCT)
	0	1	5.9	5.9	5.9
	1.	1	5.9	5.9	11.8
	3.	2	11.8	11.8	23.5
	4.	4	23.5	23.5	47.1
	5.	9	52.9	52.9	100.0
	TOTAL	17	100.0	100.0	

MEAN	4.000	STD ERR	.364	MEDIAN	4.556
MODE	5.000	STD DEV	1.500	VARIANCE	2.250

IRRITABILITY

CATEGORY LABEL	CODE	ABSOLUTE FREQ	RELATIVE FREQ (PCT)	ADJUSTED FREQ (PCT)	CUM FREQ (PCT)
	0	5	29.4	29.4	29.4
	1.	4	23.5	23.5	52.9
	2.	4	23.5	23.5	76.5
	3.	3	17.6	17.6	94.1
	6.	1	5.9	5.9	100.0
	TOTAL	17	100.0	100.0	

MEAN	1.588	STD ERR	.384	MEDIAN	1.375
MODE	0	STD DEV	1.583	VARIANCE	2.507

AFFECTIVE STATE

CATEGORY LABEL	CODE	ABSOLUTE FREQ	RELATIVE FREQ (PCT)	ADJUSTED FREQ (PCT)	CUM FREQ (PCT)
	0	2	11.8	11.8	11.8
	2.	2	11.8	11.8	23.5
	3.	2	11.8	11.8	35.3
	4.	2	11.8	11.8	47.1
	5.	1	5.9	5.9	52.9
	7.	2	11.8	11.8	64.7
	9.	2	11.8	11.8	76.5
	10.	1	5.9	5.9	82.4
	11.	1	5.9	5.9	88.2
	13.	1	5.9	5.9	94.1
	15.	1	5.9	5.9	100.0
	TOTAL	17	100.0	100.0	

MEAN	6.118	STD ERR	1.088	MEDIAN	5.000
MODE	0	STD DEV	4.484	VARIANCE	20.110

DISEASE AFFIRMATION

CATEGORY LABEL	CODE	ABSOLUTE FREQ	RELATIVE FREQ (PCT)	ADJUSTED FREQ (PCT)	CUM FREQ (PCT)
	3.	1	5.9	5.9	5.9
	4.	3	17.6	17.6	23.5
	5.	1	5.9	5.9	29.4
	6.	5	29.4	29.4	58.8
	7.	2	11.8	11.8	70.6
	8.	3	17.6	17.6	88.2
	9.	1	5.9	5.9	94.1
	10.	1	5.9	5.9	100.0
	TOTAL	17	100.0	100.0	

MEAN	6.294	STD ERR	.468	MEDIAN	6.200
MODE	6.000	STD DEV	1.929	VARIANCE	3.721

DISCRIMINANT FUNCTION

CATEGORY LABEL	CODE	ABSOLUTE FREQ	RELATIVE FREQ (PCT)	ADJUSTED FREQ (PCT)	CUM FREQ (PCT)
	43.	1	5.9	5.9	5.9
	44.	1	5.9	5.9	11.8
	48.	1	5.9	5.9	17.6
	49.	1	5.9	5.9	23.5
	50.	1	5.9	5.9	29.4
	56.	1	5.9	5.9	35.3
	60.	1	5.9	5.9	41.2
	61.	1	5.9	5.9	47.1
	62.	1	5.9	5.9	52.9
	64.	1	5.9	5.9	58.8
	70.	1	5.9	5.9	64.7
	72.	1	5.9	5.9	70.6
	76.	1	5.9	5.9	76.5
	82.	1	5.9	5.9	82.4
	83.	1	5.9	5.9	88.2
	86.	1	5.9	5.9	94.1
	89.	1	5.9	5.9	100.0
	TOTAL	17	100.0	100.0	

MEAN	64.388	STD ERR	3.649	MEDIAN	62.500
MODE	43.000	STD DEV	15.046	VARIANCE	226.392

WHITELEY INDEX

CATEGORY LABEL	CODE	ABSOLUTE FREQ	RELATIVE FREQ (PCT)	ADJUSTED FREQ (PCT)	CUM FREQ (PCT)
	0	1	5.9	5.9	5.9
	1.	3	17.6	17.6	23.5
	2.	2	11.8	11.8	35.3
	3.	4	23.5	23.5	58.8
	4.	2	11.8	11.8	70.6
	6.	2	11.8	11.8	82.4
	7.	1	5.9	5.9	88.2
	11.	2	11.8	11.8	100.0
	TOTAL	17	100.0	100.0	

MEAN	4.000	STD ERR	.791	MEDIAN	3.125
MODE	3.000	STD DEV	3.260	VARIANCE	10.625

SPIELBERGER STATE SCORE

CATEGORY LABEL	CODE	ABSOLUTE FREQ	RELATIVE FREQ (PCT)	ADJUSTED FREQ (PCT)	CUM FREQ (PCT)
	20.	1	5.9	7.1	7.1
	25.	1	5.9	7.1	14.3
	27.	1	5.9	7.1	21.4
	29.	1	5.9	7.1	28.6
	32.	1	5.9	7.1	35.7
	33.	1	5.9	7.1	42.9
	36.	1	5.9	7.1	50.0
	38.	2	11.8	14.3	64.3
	40.	1	5.9	7.1	71.4
	41.	1	5.9	7.1	78.6
	42.	1	5.9	7.1	85.7
	51.	1	5.9	7.1	92.9
	56.	1	5.9	7.1	100.0
	999.	3	17.6	MISSING	
	TOTAL	17	100.0	100.0	

MEAN	36.286	STD ERR	2.611	MEDIAN	36.500
MODE	38.000	STD DEV	9.770	VARIANCE	95.451

SPIELBERGER TRAIT SCORE

CATEGORY LABEL	CODE	ABSOLUTE FREQ	RELATIVE FREQ (PCT)	ADJUSTED FREQ (PCT)	CUM FREQ (PCT)
	24.	1	5.9	6.7	6.7
	26.	1	5.9	6.7	13.3
	28.	2	11.8	13.3	26.7
	35.	1	5.9	6.7	33.3
	36.	2	11.8	13.3	46.7
	37.	1	5.9	6.7	53.3
	39.	1	5.9	6.7	60.0
	40.	1	5.9	6.7	66.7
	43.	1	5.9	6.7	73.3
	46.	1	5.9	6.7	80.0
	48.	1	5.9	6.7	86.7
	49.	1	5.9	6.7	93.3
	57.	1	5.9	6.7	100.0
	999.	2	11.8	MISSING	
	TOTAL	17	100.0	100.0	

MEAN	38.133	STD ERR	2.424	MEDIAN	37.000
MODE	28.000	STD DEV	9.387	VARIANCE	88.124

ZUNG DEPRESSION SCORE

CATEGORY LABEL	CODE	ABSOLUTE FREQ	RELATIVE FREQ (PCT)	ADJUSTED FREQ (PCT)	CUM FREQ (PCT)
	24.	1	5.9	11.1	11.1
	29.	1	5.9	11.1	22.2
	32.	1	5.9	11.1	33.3
	33.	1	5.9	11.1	44.4
	34.	1	5.9	11.1	55.6
	44.	1	5.9	11.1	66.7
	45.	1	5.9	11.1	77.8
	48.	1	5.9	11.1	88.9
	54.	1	5.9	11.1	100.0
	999.	8	47.1	MISSING	
	TOTAL	17	100.0	100.0	

MEAN	38.111	STD ERR	3.323	MEDIAN	34.000
MODE	24.000	STD DEV	9.968	VARIANCE	99.361

LIFE EVENTS

CATEGORY LABEL	CODE	ABSOLUTE FREQ	RELATIVE FREQ (PCT)	ADJUSTED FREQ (PCT)	CUM FREQ (PCT)
	0	4	23.5	23.5	23.5
	37.	1	5.9	5.9	29.4
	92.	1	5.9	5.9	35.3
	179.	1	5.9	5.9	41.2
	180.	1	5.9	5.9	47.1
	192.	1	5.9	5.9	52.9
	211.	1	5.9	5.9	58.8
	255.	1	5.9	5.9	64.7
	269.	1	5.9	5.9	70.6
	331.	1	5.9	5.9	76.5
	391.	1	5.9	5.9	82.4
	395.	1	5.9	5.9	88.2
	485.	1	5.9	5.9	94.1
	629.	1	5.9	5.9	100.0
	TOTAL	17	100.0	100.0	

MEAN	217.412	STD ERR	44.763	MEDIAN	192.000
MODE	0	STD DEV	184.564	VARIANCE	34064.007

SEXUAL PROBLEMS

CATEGORY LABEL	CODE	ABSOLUTE FREQ	RELATIVE FREQ (PCT)	ADJUSTED FREQ (PCT)	CUM FREQ (PCT)
GOOD SEX	7.	12	70.6	70.6	70.6
BAD SEX	8.	5	29.4	29.4	100.0
	TOTAL	17	100.0	100.0	

SERIOUS EVENTS

CATEGORY LABEL	CODE	ABSOLUTE FREQ	RELATIVE FREQ (PCT)	ADJUSTED FREQ (PCT)	CUM FREQ (PCT)
	0	5	29.4	29.4	29.4
	53.	1	5.9	5.9	35.3
	113.	1	5.9	5.9	41.2
	139.	1	5.9	5.9	47.1
	145.	1	5.9	5.9	52.9
	167.	1	5.9	5.9	58.8
	175.	1	5.9	5.9	64.7
	201.	1	5.9	5.9	70.6
	206.	1	5.9	5.9	76.5
	301.	1	5.9	5.9	82.4
	303.	1	5.9	5.9	88.2
	413.	1	5.9	5.9	94.1
	542.	1	5.9	5.9	100.0
	TOTAL	17	100.0	100.0	

MEAN	162.235	STD ERR	38.184	MEDIAN	145.000
MODE	0	STD DEV	157.435	VARIANCE	24785.816

A P P E N D I X V

PART A

SECTION 2

(Pages A.2.36 to A.2.55)

3. This section shows frequency distribution and mean data of the group of combined patients in the study who suffered from TMJ Dysfunction (irrespective of whether there were other problems). Thus this group is a combination of the previous two groups.

AGE

CATEGORY LABEL	CODE	ABSOLUTE FREQ	RELATIVE FREQ (PCT)	ADJUSTED FREQ (PCT)	CUM FREQ (PCT)
	15.	3	2.9	2.9	2.9
	16.	1	1.0	1.0	3.9
	17.	5	4.9	4.9	8.7
	18.	6	5.8	5.8	14.6
	19.	3	2.9	2.9	17.5
	21.	2	1.9	1.9	19.4
	22.	4	3.9	3.9	23.3
	23.	7	6.8	6.8	30.1
	24.	2	1.9	1.9	32.0
	25.	3	2.9	2.9	35.0
	26.	1	1.0	1.0	35.9
	27.	2	1.9	1.9	37.9
	28.	1	1.0	1.0	38.8
	29.	1	1.0	1.0	39.8
	30.	2	1.9	1.9	41.7
	33.	4	3.9	3.9	45.6
	34.	3	2.9	2.9	48.5
	35.	1	1.0	1.0	49.5
	36.	3	2.9	2.9	52.4
	37.	1	1.0	1.0	53.4
	38.	2	1.9	1.9	55.3
	39.	2	1.9	1.9	57.3
	40.	2	1.9	1.9	59.2
	42.	2	1.9	1.9	61.2
	44.	1	1.0	1.0	62.1
	46.	1	1.0	1.0	63.1
	47.	1	1.0	1.0	64.1
	48.	1	1.0	1.0	65.0
	50.	1	1.0	1.0	66.0
	51.	1	1.0	1.0	67.0
	52.	2	1.9	1.9	68.9
	54.	1	1.0	1.0	69.9
	56.	1	1.0	1.0	70.9
	57.	4	3.9	3.9	74.8
	58.	1	1.0	1.0	75.7
	59.	1	1.0	1.0	76.7

AGE (CONT)

60.	3	2.9	2.9	79.6
61.	1	1.0	1.0	80.6
64.	1	1.0	1.0	81.6
65.	2	1.9	1.9	83.5
66.	3	2.9	2.9	86.4
67.	3	2.9	2.9	89.3
68.	1	1.0	1.0	90.3
69.	1	1.0	1.0	91.3
71.	1	1.0	1.0	92.2
72.	1	1.0	1.0	93.2
73.	1	1.0	1.0	94.2
74.	2	1.9	1.9	96.1
75.	1	1.0	1.0	97.1
77.	1	1.0	1.0	98.1
79.	1	1.0	1.0	99.0
85.	1	1.0	1.0	100.0
TOTAL	103	100.0	100.0	

MEAN	40.291	STD ERR	1.945	MEDIAN	35.667
MODE	23.000	STD DEV	19.740	VARIANCE	389.659

ANAMNESTIC INDEX

CATEGORY LABEL	CODE	ABSOLUTE FREQ	RELATIVE FREQ (PCT)	ADJUSTED FREQ (PCT)	CUM FREQ (PCT)
	0	2	1.9	1.9	1.9
	2.	101	98.1	98.1	100.0
	TOTAL	103	100.0	100.0	

MEAN	1.961	STD ERR	.027	MEDIAN	1.980
MODE	2.000	STD DEV	.277	VARIANCE	.077

CLINICAL INDEX

CATEGORY LABEL	CODE	ABSOLUTE FREQ	RELATIVE FREQ (PCT)	ADJUSTED FREQ (PCT)	CUM FREQ (PCT)
	0	1	1.0	1.0	1.0
	1.	59	57.3	57.3	58.3
	2.	43	41.7	41.7	100.0
	TOTAL	103	100.0	100.0	

MEAN	1.408	STD ERR	.051	MEDIAN	1.356
MODE	1.000	STD DEV	.513	VARIANCE	.263

OCCUPATION

CATEGORY LABEL	CODE	ABSOLUTE FREQ	RELATIVE FREQ (PCT)	ADJUSTED FREQ (PCT)	CUM FREQ (PCT)
P.T. HOUSEWIFE	1.	4	3.9	3.9	3.9
F.T. HOUSEWIFE	2.	33	32.0	32.0	35.9
PROFESSIONAL	3.	14	13.6	13.6	49.5
CLERICAL	5.	6	5.8	5.8	55.3
CASUAL	6.	1	1.0	1.0	56.3
PENSIONER	7.	14	13.6	13.6	69.9
UNEMPLOYED	8.	12	11.7	11.7	81.6
OTHERS	9.	19	18.4	18.4	100.0
	TOTAL	103	100.0	100.0	

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NUMBER OF NATURAL TEETH

CATEGORY LABEL	CODE	ABSOLUTE FREQ	RELATIVE FREQ (PCT)	ADJUSTED FREQ (PCT)	CUM FREQ (PCT)
	0	20	19.4	20.0	20.0
	8.	2	1.9	2.0	22.0
	9.	2	1.9	2.0	24.0
	11.	2	1.9	2.0	26.0
	12.	1	1.0	1.0	27.0
	14.	1	1.0	1.0	28.0
	15.	1	1.0	1.0	29.0
	16.	3	2.9	3.0	32.0
	18.	2	1.9	2.0	34.0
	21.	1	1.0	1.0	35.0
	22.	3	2.9	3.0	38.0
	23.	3	2.9	3.0	41.0
	24.	5	4.9	5.0	46.0
	25.	4	3.9	4.0	50.0
	26.	4	3.9	4.0	54.0
	27.	7	6.8	7.0	61.0
	28.	31	30.1	31.0	92.0
	29.	4	3.9	4.0	96.0
	31.	1	1.0	1.0	97.0
	32.	3	2.9	3.0	100.0
	999.	3	2.9	MISSING	
	TOTAL	103	100.0	100.0	

MEAN	19.610	STD ERR	1.120	MEDIAN	25.500
MODE	28.000	STD DEV	11.203	VARIANCE	125.513

T.M.J. INDEX

CATEGORY LABEL	CODE	ABSOLUTE FREQ	RELATIVE FREQ (PCT)	ADJUSTED FREQ (PCT)	CUM FREQ (PCT)
	0	7	6.8	6.8	6.8
	1.	43	41.7	41.7	48.5
	2.	53	51.5	51.5	100.0
	TOTAL	103	100.0	100.0	

MEAN	1.447	STD ERR	.061	MEDIAN	1.526
MODE	2.000	STD DEV	.622	VARIANCE	.387

MUSCLE INDEX

CATEGORY LABEL	CODE	ABSOLUTE FREQ	RELATIVE FREQ (PCT)	ADJUSTED FREQ (PCT)	CUM FREQ (PCT)
	0	8	7.8	7.8	7.8
	1.	38	36.9	36.9	44.7
	2.	57	55.3	55.3	100.0
	TOTAL	103	100.0	100.0	

MEAN	1.476	STD ERR	.063	MEDIAN	1.596
MODE	2.000	STD DEV	.639	VARIANCE	.409

TOTAL TEETH INDEX

CATEGORY LABEL	CODE	ABSOLUTE FREQ	RELATIVE FREQ (PCT)	ADJUSTED FREQ (PCT)	CUM FREQ (PCT)
	1.	4	3.9	4.0	4.0
	2.	96	93.2	96.0	100.0
	999.	3	2.9	MISSING	
	TOTAL	103	100.0	100.0	

MEAN	1.960	STD ERR	.020	MEDIAN	1.979
MODE	2.000	STD DEV	.197	VARIANCE	.039

RADIOGRAPHIC INDEX

CATEGORY LABEL	CODE	ABSOLUTE FREQ	RELATIVE FREQ (PCT)	ADJUSTED FREQ (PCT)	CUM FREQ (PCT)
	0	13	12.6	23.6	23.6
	1.	8	7.8	14.5	38.2
	2.	34	33.0	61.8	100.0
	999.	48	46.6	MISSING	
	TOTAL	103	100.0	100.0	

MEAN	1.382	STD ERR	.115	MEDIAN	1.691
MODE	2.000	STD DEV	.850	VARIANCE	.722

GENERAL HYPOCHONDRIASIS

CATEGORY LABEL	CODE	ABSOLUTE FREQ	RELATIVE FREQ (PCT)	ADJUSTED FREQ (PCT)	CUM FREQ (PCT)
	0	35	34.0	34.0	34.0
	1.	32	31.1	31.1	65.0
	2.	14	13.6	13.6	78.6
	3.	8	7.8	7.8	86.4
	4.	9	8.7	8.7	95.1
	5.	1	1.0	1.0	96.1
	6.	1	1.0	1.0	97.1
	7.	2	1.9	1.9	99.0
	8.	1	1.0	1.0	100.0
	TOTAL	103	100.0	100.0	

MEAN 1.485   STD ERR .169   MEDIAN 1.016
MODE 0   STD DEV 1.714   VARIANCE 2.939

DISEASE CONVICTION

CATEGORY LABEL	CODE	ABSOLUTE FREQ	RELATIVE FREQ (PCT)	ADJUSTED FREQ (PCT)	CUM FREQ (PCT)
	0	18	17.5	17.5	17.5
	1.	25	24.3	24.3	41.7
	2.	20	19.4	19.4	61.2
	3.	29	28.2	28.2	89.3
	4.	4	3.9	3.9	93.2
	5.	3	2.9	2.9	96.1
	6.	4	3.9	3.9	100.0
	TOTAL	103	100.0	100.0	

MEAN 2.010   STD ERR .149   MEDIAN 1.925
MODE 3.000   STD DEV 1.511   VARIANCE 2.284

PSYCHOLOGICAL V SOMATIC FOCUSING

CATEGORY LABEL	CODE	ABSOLUTE FREQ	RELATIVE FREQ (PCT)	ADJUSTED FREQ (PCT)	CUM FREQ (PCT)
	0	11	10.7	10.7	10.7
	1.	31	30.1	30.1	40.8
	2.	47	45.6	45.6	86.4
	3.	11	10.7	10.7	97.1
	4.	3	2.9	2.9	100.0
	TOTAL	103	100.0	100.0	

MEAN 1.650   STD ERR .090   MEDIAN 1.702
MODE 2.000   STD DEV .915   VARIANCE .837

AFFECTIVE INHIBITION

CATEGORY LABEL	CODE	ABSOLUTE FREQ	RELATIVE FREQ (PCT)	ADJUSTED FREQ (PCT)	CUM FREQ (PCT)
	0	16	15.5	15.5	15.5
	1.	16	15.5	15.5	31.1
	2.	25	24.3	24.3	55.3
	3.	18	17.5	17.5	72.8
	4.	18	17.5	17.5	90.3
	5.	10	9.7	9.7	100.0
	TOTAL	103	100.0	100.0	

MEAN	2.350	STD ERR	.153	MEDIAN	2.280
MODE	2.000	STD DEV	1.557	VARIANCE	2.426

AFFECTIVE DISTURBANCE

CATEGORY LABEL	CODE	ABSOLUTE FREQ	RELATIVE FREQ (PCT)	ADJUSTED FREQ (PCT)	CUM FREQ (PCT)
	0	19	18.4	18.4	18.4
	1.	13	12.6	12.6	31.1
	2.	26	25.2	25.2	56.3
	3.	13	12.6	12.6	68.9
	4.	22	21.4	21.4	90.3
	5.	10	9.7	9.7	100.0
	TOTAL	103	100.0	100.0	

MEAN	2.350	STD ERR	.160	MEDIAN	2.250
MODE	2.000	STD DEV	1.619	VARIANCE	2.622

DENIAL

CATEGORY LABEL	CODE	ABSOLUTE FREQ	RELATIVE FREQ (PCT)	ADJUSTED FREQ (PCT)	CUM FREQ (PCT)
	0	8	7.8	7.8	7.8
	1.	13	12.6	12.6	20.4
	2.	14	13.6	13.6	34.0
	3.	18	17.5	17.5	51.5
	4.	24	23.3	23.3	74.8
	5.	26	25.2	25.2	100.0
	TOTAL	103	100.0	100.0	

MEAN	3.117	STD ERR	.159	MEDIAN	3.417
MODE	5.000	STD DEV	1.611	VARIANCE	2.594

IRRITABILITY

CATEGORY LABEL	CODE	ABSOLUTE FREQ	RELATIVE FREQ (PCT)	ADJUSTED FREQ (PCT)	CUM FREQ (PCT)
	0	18	17.5	17.5	17.5
	1.	30	29.1	29.1	46.6
	2.	18	17.5	17.5	64.1
	3.	17	16.5	16.5	80.6
	4.	12	11.7	11.7	92.2
	5.	4	3.9	3.9	96.1
	6.	4	3.9	3.9	100.0
	TOTAL	103	100.0	100.0	

MEAN	2.029	STD ERR	.159	MEDIAN	1.694
MODE	1.000	STD DEV	1.618	VARIANCE	2.617

AFFECTIVE STATE

CATEGORY LABEL	CODE	ABSOLUTE FREQ	RELATIVE FREQ (PCT)	ADJUSTED FREQ (PCT)	CUM FREQ (PCT)
	0	2	1.9	1.9	1.9
	1.	6	5.8	5.8	7.8
	2.	11	10.7	10.7	18.4
	3.	13	12.6	12.6	31.1
	4.	9	8.7	8.7	39.8
	5.	17	16.5	16.5	56.3
	6.	7	6.8	6.8	63.1
	7.	6	5.8	5.8	68.9
	8.	8	7.8	7.8	76.7
	9.	8	7.8	7.8	84.5
	10.	5	4.9	4.9	89.3
	11.	3	2.9	2.9	92.2
	13.	4	3.9	3.9	96.1
	14.	2	1.9	1.9	98.1
	15.	1	1.0	1.0	99.0
	18.	1	1.0	1.0	100.0
	TOTAL	103	100.0	100.0	

MEAN	5.864	STD ERR	.362	MEDIAN	5.118
MODE	5.000	STD DEV	3.679	VARIANCE	13.530

DISEASE AFFIRMATION

CATEGORY LABEL	CODE	ABSOLUTE FREQ	RELATIVE FREQ (PCT)	ADJUSTED FREQ (PCT)	CUM FREQ (PCT)
	1.	1	1.0	1.0	1.0
	2.	5	4.9	4.9	5.8
	3.	12	11.7	11.7	17.5
	4.	24	23.3	23.3	40.8
	5.	14	13.6	13.6	54.4
	6.	19	18.4	18.4	72.8
	7.	12	11.7	11.7	84.5
	8.	8	7.8	7.8	92.2
	9.	3	2.9	2.9	95.1
	10.	5	4.9	4.9	100.0
	TOTAL	103	100.0	100.0	

MEAN	5.359	STD ERR	.203	MEDIAN	5.179
MODE	4.000	STD DEV	2.057	VARIANCE	4.232

DISCRIMINANT FUNCTION

CATEGORY LABEL	CODE	ABSOLUTE FREQ	RELATIVE FREQ (PCT)	ADJUSTED FREQ (PCT)	CUM FREQ (PCT)
	15.	1	1.0	1.0	1.0
	22.	1	1.0	1.0	1.9
	31.	1	1.0	1.0	2.9
	32.	1	1.0	1.0	3.9
	32.	1	1.0	1.0	4.9
	32.	2	1.9	1.9	6.8
	33.	1	1.0	1.0	7.8
	35.	1	1.0	1.0	8.7

35.	2	1.9	1.9	10.7
36.	1	1.0	1.0	11.7
36.	1	1.0	1.0	12.6
36.	1	1.0	1.0	13.6
39.	1	1.0	1.0	14.6
39.	1	1.0	1.0	15.5
41.	3	2.9	2.9	[illegible]
42.	2	1.9	1.9	20.4
42.	1	1.0	1.0	21.4
42.	3	2.9	2.9	24.3
43.	1	1.0	1.0	25.2
44.	1	1.0	1.0	26.2
44.	1	1.0	1.0	27.2
44.	1	1.0	1.0	28.2
45.	1	1.0	1.0	29.1
45.	1	1.0	1.0	30.1
45.	1	1.0	1.0	31.1
46.	1	1.0	1.0	32.0
46.	1	1.0	1.0	33.0
47.	1	1.0	1.0	34.0
47.	1	1.0	1.0	35.0
48.	2	1.9	1.9	36.9
48.	3	2.9	2.9	39.8
49.	2	1.9	1.9	41.7
49.	1	1.0	1.0	42.7
49.	1	1.0	1.0	43.7
50.	2	1.9	1.9	45.6
50.	1	1.0	1.0	46.6
51.	1	1.0	1.0	47.6
51.	1	1.0	1.0	48.5
52.	2	1.9	1.9	50.5
52.	1	1.0	1.0	51.5
53.	3	2.9	2.9	54.4
53.	1	1.0	1.0	55.3
54.	1	1.0	1.0	56.3
54.	1	1.0	1.0	57.3
54.	1	1.0	1.0	58.3
56.	1	1.0	1.0	59.2

56.	1	1.0	1.0	60.2
57.	1	1.0	1.0	61.2
57.	1	1.0	1.0	62.1
58.	2	1.9	1.9	64.1
60.	2	1.9	1.9	66.0
61.	2	1.9	1.9	68.0
62.	1	1.0	1.0	68.9
62.	1	1.0	1.0	69.9
63.	1	1.0	1.0	70.9
64.	1	1.0	1.0	71.8
64.	1	1.0	1.0	72.8
65.	1	1.0	1.0	73.8
65.	1	1.0	1.0	74.8
66.	1	1.0	1.0	75.7
66.	1	1.0	1.0	76.7
69.	1	1.0	1.0	77.7
69.	1	1.0	1.0	78.6
70.	1	1.0	1.0	79.6
70.	2	1.9	1.9	81.6
71.	3	2.9	2.9	84.5
72.	2	1.9	1.9	86.4
75.	1	1.0	1.0	87.4
76.	1	1.0	1.0	88.3
77.	1	1.0	1.0	89.3
77.	2	1.9	1.9	91.3
79.	1	1.0	1.0	92.2
82.	2	1.9	1.9	94.2
82.	1	1.0	1.0	95.1
83.	1	1.0	1.0	96.1
85.	1	1.0	1.0	97.1
86.	1	1.0	1.0	98.1
88.	1	1.0	1.0	99.0
89.	1	1.0	1.0	100.0
TOTAL	103	100.0	100.0	

MEAN	54.490	STD ERR	1.549	MEDIAN	51.775
MODE	40.600	STD DEV	15.723	VARIANCE	247.217

WHITELEY INDEX

CATEGORY LABEL	CODE	ABSOLUTE FREQ	RELATIVE FREQ (PCT)	ADJUSTED FREQ (PCT)	CUM FREQ (PCT)
	0	14	13.6	13.6	13.6
	1.	16	15.5	15.5	29.1
	2.	22	21.4	21.4	50.5
	3.	11	10.7	10.7	61.2
	4.	10	9.7	9.7	70.9
	5.	10	9.7	9.7	80.6
	6.	10	9.7	9.7	90.3
	7.	3	2.9	2.9	93.2
	10.	2	1.9	1.9	95.1
	11.	3	2.9	2.9	98.1
	12.	1	1.0	1.0	99.0
	13.	1	1.0	1.0	100.0
	TOTAL	103	100.0	100.0	

MEAN	3.320	STD ERR	.286	MEDIAN	2.477
MODE	2.000	STD DEV	2.904	VARIANCE	8.436

SPIELBERGER STATE SCORE

CATEGORY LABEL	CODE	ABSOLUTE FREQ	RELATIVE FREQ (PCT)	ADJUSTED FREQ (PCT)	CUM FREQ (PCT)
	20.	2	1.9	2.2	2.2
	21.	1	1.0	1.1	3.3
	22.	1	1.0	1.1	4.3
	23.	1	1.0	1.1	5.4
	25.	3	2.9	3.3	8.7
	27.	4	3.9	4.3	13.0
	28.	3	2.9	3.3	16.3
	29.	3	2.9	3.3	19.6
	30.	2	1.9	2.2	21.7
	31.	7	6.8	7.6	29.3
	32.	4	3.9	4.3	33.7
	33.	9	8.7	9.8	43.5

SPIELBERGER STATE SCORE (CONT)

35.	2	1.9	2.2	45.7
36.	2	1.9	2.2	47.8
37.	5	4.9	5.4	53.3
38.	3	2.9	3.3	56.5
39.	6	5.8	6.5	63.0
40.	4	3.9	4.3	67.4
41.	2	1.9	2.2	69.6
42.	2	1.9	2.2	71.7
43.	1	1.0	1.1	72.8
45.	1	1.0	1.1	73.9
46.	3	2.9	3.3	77.2
47.	2	1.9	2.2	79.3
49.	2	1.9	2.2	81.5
50.	2	1.9	2.2	83.7
51.	1	1.0	1.1	84.8
52.	3	2.9	3.3	88.0
56.	2	1.9	2.2	90.2
57.	1	1.0	1.1	91.3
58.	2	1.9	2.2	93.5
60.	1	1.0	1.1	94.6
64.	1	1.0	1.1	95.7
65.	1	1.0	1.1	96.7
67.	1	1.0	1.1	97.8
68.	1	1.0	1.1	98.9
75.	1	1.0	1.1	100.0
999.	11	10.7	MISSING	
TOTAL	103	100.0	100.0	

MEAN	38.826	STD ERR	1.215	MEDIAN	36.900
MODE	33.000	STD DEV	11.652	VARIANCE	135.772

SPIELBERGER TRAIT SCORE

CATEGORY LABEL	CODE	ABSOLUTE FREQ	RELATIVE FREQ (PCT)	ADJUSTED FREQ (PCT)	CUM FREQ (PCT)
	23.	1	1.0	1.1	1.1
	24.	3	2.9	3.3	4.4
	25.	1	1.0	1.1	5.5
	26.	2	1.9	2.2	7.7
	27.	1	1.0	1.1	8.8
	28.	3	2.9	3.3	12.1
	29.	3	2.9	3.3	15.4
	30.	1	1.0	1.1	16.5
	31.	5	4.9	5.5	22.0
	32.	1	1.0	1.1	23.1
	33.	6	5.8	6.6	29.7
	34.	4	3.9	4.4	34.1
	35.	3	2.9	3.3	37.4
	36.	7	6.8	7.7	45.1
	37.	7	6.8	7.7	52.7
	38.	3	2.9	3.3	56.0
	39.	3	2.9	3.3	59.3
	40.	3	2.9	3.3	62.6
	41.	3	2.9	3.3	65.9
	42.	3	2.9	3.3	69.2
	43.	3	2.9	3.3	72.5
	45.	1	1.0	1.1	73.6
	46.	2	1.9	2.2	75.8
	47.	2	1.9	2.2	78.0
	48.	1	1.0	1.1	79.1
	49.	2	1.9	2.2	81.3
	50.	1	1.0	1.1	82.4
	51.	1	1.0	1.1	83.5
	52.	1	1.0	1.1	84.6
	53.	1	1.0	1.1	85.7
	54.	3	2.9	3.3	89.0
	55.	1	1.0	1.1	90.1
	56.	1	1.0	1.1	91.2
	57.	1	1.0	1.1	92.3

SPIELBERGER TRAIT SCORE (CONT)

	58.	2	1.9	2.2	94.5
	60.	1	1.0	1.1	95.6
	61.	1	1.0	1.1	96.7
	65.	1	1.0	1.1	97.8
	67.	1	1.0	1.1	98.9
	71.	1	1.0	1.1	100.0
	999.	12	11.7	MISSING	
	TOTAL	103	100.0	100.0	

MEAN	39.769	STD ERR	1.109	MEDIAN	37.143
MODE	36.000	STD DEV	10.575	VARIANCE	111.824

ZUNG DEPRESSION SCORE

CATEGORY LABEL	CODE	ABSOLUTE FREQ	RELATIVE FREQ (PCT)	ADJUSTED FREQ (PCT)	CUM FREQ (PCT)
	21.	2	1.9	2.5	2.5
	22.	1	1.0	1.2	3.7
	23.	2	1.9	2.5	6.2
	24.	3	2.9	3.7	9.9
	25.	2	1.9	2.5	12.3
	28.	3	2.9	3.7	16.0
	29.	4	3.9	4.9	21.0
	30.	1	1.0	1.2	22.2
	31.	3	2.9	3.7	25.9
	32.	3	2.9	3.7	29.6
	33.	7	6.8	8.6	38.3
	34.	5	4.9	6.2	44.4
	35.	4	3.9	4.9	49.4
	36.	1	1.0	1.2	50.6
	37.	3	2.9	3.7	54.3
	38.	3	2.9	3.7	58.0
	39.	3	2.9	3.7	61.7
	41.	3	2.9	3.7	65.4
	42.	4	3.9	4.9	70.4
	43.	1	1.0	1.2	71.6

ZUNG DEPRESSION SCORE (CONT)

44.	3	2.9	3.7	75.3
45.	2	1.9	2.5	77.8
46.	2	1.9	2.5	80.2
47.	2	1.9	2.5	82.7
48.	3	2.9	3.7	86.4
49.	1	1.0	1.2	87.7
50.	2	1.9	2.5	90.1
51.	1	1.0	1.2	91.4
52.	1	1.0	1.2	92.6
53.	1	1.0	1.2	93.8
54.	1	1.0	1.2	95.1
57.	1	1.0	1.2	96.3
59.	2	1.9	2.5	98.8
60.	1	1.0	1.2	100.0
999.	22	21.4	MISSING	
TOTAL	103	100.0	100.0	

MEAN 37.654 STD ERR 1.064 MEDIAN 36.000

LIFE EVENTS

CATEGORY LABEL	CODE	ABSOLUTE FREQ	RELATIVE FREQ (PCT)	ADJUSTED FREQ (PCT)	CUM FREQ (PCT)
	0	10	9.7	9.8	9.8
	19.	1	1.0	1.0	10.8
	29.	1	1.0	1.0	11.8
	58.	1	1.0	1.0	12.7
	65.	1	1.0	1.0	13.7
	87.	1	1.0	1.0	14.7
	92.	1	1.0	1.0	15.7
	99.	1	1.0	1.0	16.7
	113.	1	1.0	1.0	17.6
	115.	1	1.0	1.0	18.6
	122.	1	1.0	1.0	19.6
	136.	1	1.0	1.0	20.6
	140.	1	1.0	1.0	21.6
	160.	1	1.0	1.0	22.5
	161.	1	1.0	1.0	23.5
	165.	1	1.0	1.0	24.5
	166.	1	1.0	1.0	25.5
	179.	2	1.9	2.0	27.5

LIFE EVENTS (CONT)

180.	1	1.0	1.0	28.4
185.	2	1.9	2.0	30.4
191.	1	1.0	1.0	31.4
192.	1	1.0	1.0	32.4
206.	1	1.0	1.0	33.3
211.	1	1.0	1.0	34.3
212.	1	1.0	1.0	35.3
218.	1	1.0	1.0	36.3
236.	1	1.0	1.0	37.3
244.	1	1.0	1.0	38.2
252.	1	1.0	1.0	39.2
255.	1	1.0	1.0	40.2
264.	1	1.0	1.0	41.2
268.	1	1.0	1.0	42.2
269.	1	1.0	1.0	43.1
275.	1	1.0	1.0	44.1
277.	1	1.0	1.0	45.1
279.	1	1.0	1.0	46.1
294.	1	1.0	1.0	47.1
306.	1	1.0	1.0	48.0
324.	1	1.0	1.0	49.0
331.	2	1.9	2.0	51.0
343.	1	1.0	1.0	52.0
347.	1	1.0	1.0	52.9
383.	1	1.0	1.0	53.9
391.	2	1.9	2.0	55.9
395.	1	1.0	1.0	56.9
409.	1	1.0	1.0	57.8
412.	1	1.0	1.0	58.8
415.	1	1.0	1.0	59.8
429.	1	1.0	1.0	60.8
445.	1	1.0	1.0	61.8
455.	1	1.0	1.0	62.7
459.	1	1.0	1.0	63.7
463.	1	1.0	1.0	64.7
476.	1	1.0	1.0	65.7

LIFE EVENTS (CONT)

482.	1	1.0	1.0	66.7
485.	1	1.0	1.0	67.6
486.	1	1.0	1.0	68.6
500.	1	1.0	1.0	69.6
510.	1	1.0	1.0	70.6
512.	1	1.0	1.0	71.6
528.	2	1.9	2.0	73.5
555.	1	1.0	1.0	74.5
575.	1	1.0	1.0	75.5
585.	1	1.0	1.0	76.5
597.	1	1.0	1.0	77.5
607.	1	1.0	1.0	78.4
613.	1	1.0	1.0	79.4
629.	1	1.0	1.0	80.4
633.	1	1.0	1.0	81.4
637.	1	1.0	1.0	82.4
669.	1	1.0	1.0	83.3
691.	1	1.0	1.0	84.3
694.	1	1.0	1.0	85.3
701.	1	1.0	1.0	86.3
732.	1	1.0	1.0	87.3
737.	2	1.9	2.0	89.2
799.	1	1.0	1.0	90.2
807.	1	1.0	1.0	91.2
823.	1	1.0	1.0	92.2
826.	1	1.0	1.0	93.1
827.	1	1.0	1.0	94.1
984.	1	1.0	1.0	95.1
1046.	1	1.0	1.0	96.1
1181.	1	1.0	1.0	97.1
1288.	1	1.0	1.0	98.0
1531.	1	1.0	1.0	99.0
1624.	1	1.0	1.0	100.0
999.	1	1.0	MISSING	
TOTAL	103	100.0	100.0	

MEAN	396.490	STD ERR	32.166	MEDIAN	331.000
MODE	0	STD DEV	324.865	VARIANCE	105537.143

SEXUAL PROBLEMS

CATEGORY LABEL	CODE	ABSOLUTE FREQ	RELATIVE FREQ (PCT)	ADJUSTED FREQ (PCT)	CUM FREQ (PCT)
GOOD SEX	7.	74	71.8	72.5	72.5
BAD SEX	8.	28	27.2	27.5	100.0
	999.	1	1.0	MISSING	
	TOTAL	103	100.0	100.0	

SERIOUS EVENTS

CATEGORY LABEL	CODE	ABSOLUTE FREQ	RELATIVE FREQ (PCT)	ADJUSTED FREQ (PCT)	CUM FREQ (PCT)
	0	14	13.6	13.7	13.7
	25.	2	1.9	2.0	15.7
	29.	1	1.0	1.0	16.7
	44.	1	1.0	1.0	17.6
	53.	1	1.0	1.0	18.6
	63.	1	1.0	1.0	19.6
	78.	2	1.9	2.0	21.6
	93.	1	1.0	1.0	22.5
	99.	1	1.0	1.0	23.5
	100.	2	1.9	2.0	25.5
	106.	1	1.0	1.0	26.5
	111.	1	1.0	1.0	27.5
	113.	1	1.0	1.0	28.4
	117.	2	1.9	2.0	30.4
	121.	1	1.0	1.0	31.4
	126.	1	1.0	1.0	32.4
	128.	1	1.0	1.0	33.3
	139.	2	1.9	2.0	35.3
	145.	1	1.0	1.0	36.3
	146.	1	1.0	1.0	37.3
	148.	2	1.9	2.0	39.2
	167.	1	1.0	1.0	40.2
	175.	1	1.0	1.0	41.2

176.	1	1.0	1.0	42.2
186.	1	1.0	1.0	43.1
190.	1	1.0	1.0	44.1
201.	1	1.0	1.0	45.1
208.	2	1.9	2.0	47.1
210.	1	1.0	1.0	48.0
216.	1	1.0	1.0	49.0
224.	1	1.0	1.0	50.0
225.	1	1.0	1.0	51.0
235.	1	1.0	1.0	52.0
243.	1	1.0	1.0	52.9
246.	1	1.0	1.0	53.9
264.	1	1.0	1.0	54.9
269.	2	1.9	2.0	56.9
278.	1	1.0	1.0	57.8
285.	1	1.0	1.0	58.8
301.	1	1.0	1.0	59.8
303.	1	1.0	1.0	60.8
311.	1	1.0	1.0	61.8
316.	1	1.0	1.0	62.7
319.	1	1.0	1.0	63.7
320.	1	1.0	1.0	64.7
368.	2	1.9	2.0	66.7
377.	1	1.0	1.0	67.6
382.	1	1.0	1.0	68.6
386.	2	1.9	2.0	70.6
399.	1	1.0	1.0	71.6
407.	1	1.0	1.0	72.5
413.	1	1.0	1.0	73.5
427.	1	1.0	1.0	74.5
428.	1	1.0	1.0	75.5
438.	1	1.0	1.0	76.5
449.	1	1.0	1.0	77.5
459.	1	1.0	1.0	78.4

SERIOUS EVENTS (CONT)

463.	1	1.0	1.0	79.4
488.	1	1.0	1.0	80.4
495.	1	1.0	1.0	81.4
508.	1	1.0	1.0	82.4
509.	1	1.0	1.0	83.3
542.	1	1.0	1.0	84.3
548.	1	1.0	1.0	85.3
550.	1	1.0	1.0	86.3
558.	1	1.0	1.0	87.3
568.	1	1.0	1.0	88.2
578.	1	1.0	1.0	89.2
597.	1	1.0	1.0	90.2
607.	2	1.9	2.0	92.2
633.	1	1.0	1.0	93.1
686.	1	1.0	1.0	94.1
694.	1	1.0	1.0	95.1
963.	1	1.0	1.0	96.1
1019.	1	1.0	1.0	97.1
1022.	1	1.0	1.0	98.0
1127.	1	1.0	1.0	99.0
1245.	1	1.0	1.0	100.0
999.	1	1.0	MISSING	
TOTAL	103	100.0	100.0	

MEAN	290.500	STD ERR	26.032	MEDIAN	224.500
MODE	0	STD DEV	262.907	VARIANCE	69119.995

APPENDIX V

PART A

SECITON 2

(Pages A.2.56 to A.2.69).

4. This section shows frequency distribution and mean data of the group of patients in the study who were diagnosed as suffering from Atypical Facial Pain.

AGE

CATEGORY LABEL	CODE	ABSOLUTE FREQ	RELATIVE FREQ (PCT)	ADJUSTED FREQ (PCT)	CUM FREQ (PCT)
	19.	1	5.0	5.0	5.0
	25.	1	5.0	5.0	10.0
	27.	1	5.0	5.0	15.0
	30.	1	5.0	5.0	20.0
	35.	1	5.0	5.0	25.0
	36.	1	5.0	5.0	30.0
	38.	2	10.0	10.0	40.0
	42.	1	5.0	5.0	45.0
	43.	1	5.0	5.0	50.0
	47.	1	5.0	5.0	55.0
	49.	2	10.0	10.0	65.0
	50.	1	5.0	5.0	70.0
	60.	1	5.0	5.0	75.0
	65.	2	10.0	10.0	85.0
	70.	1	5.0	5.0	90.0
	74.	1	5.0	5.0	95.0
	75.	1	5.0	5.0	100.0
	TOTAL	20	100.0	100.0	

MEAN	46.850	STD ERR	3.735	MEDIAN	43.500
MODE	38.000	STD DEV	16.703	VARIANCE	278.976

ANAMNESTIC INDEX

CATEGORY LABEL	CODE	ABSOLUTE FREQ	RELATIVE FREQ (PCT)	ADJUSTED FREQ (PCT)	CUM FREQ (PCT)
	0	4	20.0	20.0	20.0
	2.	16	80.0	80.0	100.0
	TOTAL	20	100.0	100.0	

MEAN	1.600	STD ERR	.184	MEDIAN	1.750
MODE	2.000	STD DEV	.821	VARIANCE	.674

CLINICAL INDEX

CATEGORY LABEL	CODE	ABSOLUTE FREQ	RELATIVE FREQ (PCT)	ADJUSTED FREQ (PCT)	CUM FREQ (PCT)
	0	7	35.0	35.0	35.0
	1.	9	45.0	45.0	80.0
	2.	4	20.0	20.0	100.0
	TOTAL	20	100.0	100.0	

MEAN	.850	STD ERR	.167	MEDIAN	.833
MODE	1.000	STD DEV	.745	VARIANCE	.555

OCCUPATION

CATEGORY LABEL	CODE	ABSOLUTE FREQ	RELATIVE FREQ (PCT)	ADJUSTED FREQ (PCT)	CUM FREQ (PCT)
P.T. HOUSEWIFE	1.	1	5.0	5.0	5.0
F.T. HOUSEWIFE	2.	8	40.0	40.0	45.0
PROFESSIONAL	3.	2	10.0	10.0	55.0
DOMESTIC	4.	2	10.0	10.0	65.0
CLERICAL	5.	1	5.0	5.0	70.0
PENSIONER	7.	3	15.0	15.0	85.0
OTHERS	9.	3	15.0	15.0	100.0
	TOTAL	20	100.0	100.0	

NUMBER NATURAL TEETH

CATEGORY LABEL	CODE	ABSOLUTE FREQ	RELATIVE FREQ (PCT)	ADJUSTED FREQ (PCT)	CUM FREQ (PCT)
	0	5	25.0	29.4	29.4
	6.	2	10.0	11.8	41.2
	21.	1	5.0	5.9	47.1
	22.	1	5.0	5.9	52.9
	26.	4	20.0	23.5	76.5
	27.	1	5.0	5.9	82.4
	28.	1	5.0	5.9	88.2
	30.	2	10.0	11.8	100.0
	999.	3	15.0	MISSING	
	TOTAL	20	100.0	100.0	

MEAN	16.118	STD ERR	3.090	MEDIAN	22.000
MODE	0	STD DEV	12.742	VARIANCE	162.360

CONTACTS

CATEGORY LABEL	CODE	ABSOLUTE FREQ	RELATIVE FREQ (PCT)	ADJUSTED FREQ (PCT)	CUM FREQ (PCT)
	10.	1	5.0	6.3	6.3
	21.	1	5.0	6.3	12.5
	24.	3	15.0	18.8	31.3
	26.	1	5.0	6.3	37.5
	27.	1	5.0	6.3	43.8
	28.	8	40.0	50.0	93.8
	32.	1	5.0	6.3	100.0
	999.	4	20.0	MISSING	
	TOTAL	20	100.0	100.0	

MEAN	25.750	STD ERR	1.226	MEDIAN	27.625
MODE	28.000	STD DEV	4.906	VARIANCE	24.067

TREATMENT TIME

CATEGORY LABEL	CODE	ABSOLUTE FREQ	RELATIVE FREQ (PCT)	ADJUSTED FREQ (PCT)	CUM FREQ (PCT)
	1.	4	20.0	50.0	50.0
	2.	2	10.0	25.0	75.0
	3.	1	5.0	12.5	87.5
	4.	1	5.0	12.5	100.0
	99.	12	60.0	MISSING	
	TOTAL	20	100.0	100.0	

MEAN	1.875	STD ERR	.398	MEDIAN	1.500
MODE	1.000	STD DEV	1.126	VARIANCE	1.268

TIME ELAPSED

CATEGORY LABEL	CODE	ABSOLUTE FREQ	RELATIVE FREQ (PCT)	ADJUSTED FREQ (PCT)	CUM FREQ (PCT)
	4.	1	5.0	12.5	12.5
	5.	2	10.0	25.0	37.5
	7.	1	5.0	12.5	50.0
	10.	1	5.0	12.5	62.5
	11.	1	5.0	12.5	75.0
	12.	2	10.0	25.0	100.0
	99.	12	60.0	MISSING	
	TOTAL	20	100.0	100.0	

MEAN	8.250	STD ERR	1.191	MEDIAN	7.500
MODE	5.000	STD DEV	3.370	VARIANCE	11.357

INITIAL TREATMENT

CATEGORY LABEL	CODE	ABSOLUTE FREQ	RELATIVE FREQ (PCT)	ADJUSTED FREQ (PCT)	CUM FREQ (PCT)
	1.	5	25.0	62.5	62.5
	6.	2	10.0	25.0	87.5
	7.	1	5.0	12.5	100.0
	9.	12	60.0	MISSING	
	TOTAL	20	100.0	100.0	

SECOND TREATMENT

CATEGORY LABEL	CODE	ABSOLUTE FREQ	RELATIVE FREQ (PCT)	ADJUSTED FREQ (PCT)	CUM FREQ (PCT)
	5.	1	5.0	12.5	12.5
	7.	7	35.0	87.5	100.0
	9.	12	60.0	MISSING	
	TOTAL	20	100.0	100.0	

THIRD TREATMENT

CATEGORY LABEL	CODE	ABSOLUTE FREQ	RELATIVE FREQ (PCT)	ADJUSTED FREQ (PCT)	CUM FREQ (PCT)
	7.	8	40.0	100.0	100.0
	9.	12	60.0	MISSING	
	TOTAL	20	100.0	100.0	

MARITAL STATUS

CATEGORY LABEL	CODE	ABSOLUTE FREQ	RELATIVE FREQ (PCT)	ADJUSTED FREQ (PCT)	CUM FREQ (PCT)
MARRIED	1.	12	60.0	60.0	60.0
DIVORCED	2.	1	5.0	5.0	65.0
SINGLE	4.	6	30.0	30.0	95.0
OTHERS	5.	1	5.0	5.0	100.0
	TOTAL	20	100.0	100.0	

COUNTRY

CATEGORY LABEL	CODE	ABSOLUTE FREQ	RELATIVE FREQ (PCT)	ADJUSTED FREQ (PCT)	CUM FREQ (PCT)
AUSTRALIA	1.	12	60.0	60.0	60.0
EUROPE	2.	7	35.0	35.0	95.0
ASIA	3.	1	5.0	5.0	100.0
	TOTAL	20	100.0	100.0	

T.M.J. INDEX

CATEGORY LABEL	CODE	ABSOLUTE FREQ	RELATIVE FREQ (PCT)	ADJUSTED FREQ (PCT)	CUM FREQ (PCT)
	0	12	60.0	60.0	60.0
	1.	4	20.0	20.0	80.0
	2.	4	20.0	20.0	100.0
	TOTAL	20	100.0	100.0	

MEAN	.600	STD ERR	.184	MEDIAN	.333
MODE	0	STD DEV	.821	VARIANCE	.674

MUSCLE INDEX

CATEGORY LABEL	CODE	ABSOLUTE FREQ	RELATIVE FREQ (PCT)	ADJUSTED FREQ (PCT)	CUM FREQ (PCT)
	0	8	40.0	40.0	40.0
	1.	7	35.0	35.0	75.0
	2.	5	25.0	25.0	100.0
	TOTAL	20	100.0	100.0	

MEAN	.850	STD ERR	.182	MEDIAN	.786
MODE	0	STD DEV	.813	VARIANCE	.661

TOTAL TEETH INDEX

CATEGORY LABEL	CODE	ABSOLUTE FREQ	RELATIVE FREQ (PCT)	ADJUSTED FREQ (PCT)	CUM FREQ (PCT)
	2.	17	85.0	100.0	100.0
	999.	3	15.0	MISSING	
	TOTAL	20	100.0	100.0	

MEAN	2.000	STD ERR	0	MEDIAN	2.000
MODE	2.000	STD DEV	0	VARIANCE	0

RADIOGRAPHIC INDEX

CATEGORY LABEL	CODE	ABSOLUTE FREQ	RELATIVE FREQ (PCT)	ADJUSTED FREQ (PCT)	CUM FREQ (PCT)
	0	1	5.0	20.0	20.0
	1.	2	10.0	40.0	60.0
	2.	2	10.0	40.0	100.0
	999.	15	75.0	MISSING	
	TOTAL	20	100.0	100.0	

MEAN	1.200	STD ERR	.374	MEDIAN	1.250
MODE	1.000	STD DEV	.837	VARIANCE	.700

GENERAL HYPOCHONDRIASIS

CATEGORY LABEL	CODE	ABSOLUTE FREQ	RELATIVE FREQ (PCT)	ADJUSTED FREQ (PCT)	CUM FREQ (PCT)
	0	8	40.0	40.0	40.0
	1.	7	35.0	35.0	75.0
	2.	1	5.0	5.0	80.0
	3.	3	15.0	15.0	95.0
	5.	1	5.0	5.0	100.0
	TOTAL	20	100.0	100.0	

MEAN	1.150	STD ERR	.310	MEDIAN	.786
MODE	0	STD DEV	1.387	VARIANCE	1.924

DISEASE CONVICTION

CATEGORY LABEL	CODE	ABSOLUTE FREQ	RELATIVE FREQ (PCT)	ADJUSTED FREQ (PCT)	CUM FREQ (PCT)
	0	2	10.0	10.0	10.0
	1.	2	10.0	10.0	20.0
	2.	6	30.0	30.0	50.0
	3.	3	15.0	15.0	65.0
	4.	2	10.0	10.0	75.0
	5.	2	10.0	10.0	85.0
	6.	3	15.0	15.0	100.0
	TOTAL	20	100.0	100.0	

MEAN	2.950	STD ERR	.426	MEDIAN	2.500
MODE	2.000	STD DEV	1.905	VARIANCE	3.629

PSYCHOLOGICAL V SOMATIC FOCUSING

CATEGORY LABEL	CODE	ABSOLUTE FREQ	RELATIVE FREQ (PCT)	ADJUSTED FREQ (PCT)	CUM FREQ (PCT)
	0	7	35.0	35.0	35.0
	1.	4	20.0	20.0	55.0
	2.	8	40.0	40.0	95.0
	3.	1	5.0	5.0	100.0
	TOTAL	20	100.0	100.0	

MEAN	1.150	STD ERR	.221	MEDIAN	1.250
MODE	2.000	STD DEV	.988	VARIANCE	.976

AFFECTIVE INHIBITION

CATEGORY LABEL	CODE	ABSOLUTE FREQ	RELATIVE FREQ (PCT)	ADJUSTED FREQ (PCT)	CUM FREQ (PCT)
	0	2	10.0	10.0	10.0
	1.	5	25.0	25.0	35.0
	2.	5	25.0	25.0	60.0
	3.	6	30.0	30.0	90.0
	4.	1	5.0	5.0	95.0
	5.	1	5.0	5.0	100.0
	TOTAL	20	100.0	100.0	

MEAN	2.100	STD ERR	.289	MEDIAN	2.100
MODE	3.000	STD DEV	1.294	VARIANCE	1.674

AFFECTIVE DISTURBANCE

CATEGORY LABEL	CODE	ABSOLUTE FREQ	RELATIVE FREQ (PCT)	ADJUSTED FREQ (PCT)	CUM FREQ (PCT)
	0	4	20.0	20.0	20.0
	1.	2	10.0	10.0	30.0
	2.	3	15.0	15.0	45.0
	3.	3	15.0	15.0	60.0
	4.	6	30.0	30.0	90.0
	5.	2	10.0	10.0	100.0
	TOTAL	20	100.0	100.0	

MEAN	2.550	STD ERR	.387	MEDIAN	2.833
MODE	4.000	STD DEV	1.731	VARIANCE	2.997

DENIAL

CATEGORY LABEL	CODE	ABSOLUTE FREQ	RELATIVE FREQ (PCT)	ADJUSTED FREQ (PCT)	CUM FREQ (PCT)
	0	1	5.0	5.0	5.0
	1.	2	10.0	10.0	15.0
	2.	4	20.0	20.0	35.0
	3.	2	10.0	10.0	45.0
	4.	4	20.0	20.0	65.0
	5.	7	35.0	35.0	100.0
	TOTAL	20	100.0	100.0	

MEAN	3.350	STD ERR	.365	MEDIAN	3.750
MODE	5.000	STD DEV	1.631	VARIANCE	2.661

IRRITABILITY

CATEGORY LABEL	CODE	ABSOLUTE FREQ	RELATIVE FREQ (PCT)	ADJUSTED FREQ (PCT)	CUM FREQ (PCT)
	0	6	30.0	30.0	30.0
	1.	3	15.0	15.0	45.0
	2.	2	10.0	10.0	55.0
	3.	3	15.0	15.0	70.0
	4.	5	25.0	25.0	95.0
	5.	1	5.0	5.0	100.0
	TOTAL	20	100.0	100.0	

MEAN	2.050	STD ERR	.394	MEDIAN	2.000
MODE	0	STD DEV	1.761	VARIANCE	3.103

AFFECTIVE STATE

CATEGORY LABEL	CODE	ABSOLUTE FREQ	RELATIVE FREQ (PCT)	ADJUSTED FREQ (PCT)	CUM FREQ (PCT)
	1.	1	5.0	5.0	5.0
	2.	3	15.0	15.0	20.0
	3.	2	10.0	10.0	30.0
	4.	3	15.0	15.0	45.0
	5.	1	5.0	5.0	50.0
	6.	2	10.0	10.0	60.0
	7.	1	5.0	5.0	65.0
	8.	3	15.0	15.0	80.0
	9.	1	5.0	5.0	85.0
	10.	1	5.0	5.0	90.0
	11.	1	5.0	5.0	95.0
	12.	1	5.0	5.0	100.0
	TOTAL	20	100.0	100.0	

MEAN	5.750	STD ERR	.729	MEDIAN	5.500
MODE	2.000	STD DEV	3.259	VARIANCE	10.618

DISEASE AFFIRMATION

CATEGORY LABEL	CODE	ABSOLUTE FREQ	RELATIVE FREQ (PCT)	ADJUSTED FREQ (PCT)	CUM FREQ (PCT)
	2.	1	5.0	5.0	5.0
	3.	1	5.0	5.0	10.0
	4.	1	5.0	5.0	15.0
	5.	3	15.0	15.0	30.0
	6.	4	20.0	20.0	50.0
	7.	5	25.0	25.0	75.0
	10.	2	10.0	10.0	85.0
	11.	3	15.0	15.0	100.0
	TOTAL	20	100.0	100.0	

MEAN	6.800	STD ERR	.588	MEDIAN	6.500
MODE	7.000	STD DEV	2.628	VARIANCE	6.905

DISCRIMINANT FUNCTION

CATEGORY LABEL	CODE	ABSOLUTE FREQ	RELATIVE FREQ (PCT)	ADJUSTED FREQ (PCT)	CUM FREQ (PCT)
	35.	1	5.0	5.0	5.0
	36.	1	5.0	5.0	10.0
	48.	1	5.0	5.0	15.0
	52.	1	5.0	5.0	20.0
	52.	1	5.0	5.0	25.0
	53.	2	10.0	10.0	35.0
	54.	1	5.0	5.0	40.0
	61.	1	5.0	5.0	45.0
	61.	1	5.0	5.0	50.0
	66.	2	10.0	10.0	60.0
	71.	1	5.0	5.0	65.0
	72.	1	5.0	5.0	70.0
	75.	1	5.0	5.0	75.0
	83.	1	5.0	5.0	80.0
	91.	1	5.0	5.0	85.0
	92.	1	5.0	5.0	90.0
	92.	1	5.0	5.0	95.0
	98.	1	5.0	5.0	100.0
	TOTAL	20	100.0	100.0	

MEAN	65.665	STD ERR	4.138	MEDIAN	61.150
MODE	53.200	STD DEV	18.504	VARIANCE	342.412

WHITELEY INDEX

CATEGORY LABEL	CODE	ABSOLUTE FREQ	RELATIVE FREQ (PCT)	ADJUSTED FREQ (PCT)	CUM FREQ (PCT)
	0	1	5.0	5.0	5.0
	1.	4	20.0	20.0	25.0
	2.	3	15.0	15.0	40.0
	3.	2	10.0	10.0	50.0
	4.	4	20.0	20.0	70.0
	5.	2	10.0	10.0	80.0
	7.	1	5.0	5.0	85.0
	8.	1	5.0	5.0	90.0
	10.	2	10.0	10.0	100.0
	TOTAL	20	100.0	100.0	

MEAN	3.850	STD ERR	.658	MEDIAN	3.500
MODE	1.000	STD DEV	2.943	VARIANCE	8.661

SPIELBERGER STATE SCORE

CATEGORY LABEL	CODE	ABSOLUTE FREQ	RELATIVE FREQ (PCT)	ADJUSTED FREQ (PCT)	CUM FREQ (PCT)
	20.	1	5.0	5.9	5.9
	24.	1	5.0	5.9	11.8
	26.	2	10.0	11.8	23.5
	27.	1	5.0	5.9	29.4
	29.	1	5.0	5.9	35.3
	30.	1	5.0	5.9	41.2
	31.	1	5.0	5.9	47.1
	33.	1	5.0	5.9	52.9
	35.	1	5.0	5.9	58.8
	37.	1	5.0	5.9	64.7
	38.	1	5.0	5.9	70.6
	39.	1	5.0	5.9	76.5
	48.	1	5.0	5.9	82.4
	50.	1	5.0	5.9	88.2
	53.	1	5.0	5.9	94.1
	61.	1	5.0	5.9	100.0
	999.	3	15.0	MISSING	
	TOTAL	20	100.0	100.0	

MEAN	35.706	STD ERR	2.757	MEDIAN	33.000
MODE	26.000	STD DEV	11.368	VARIANCE	129.221

SPIELBERGER TRAIT SCORE

CATEGORY LABEL	CODE	ABSOLUTE FREQ	RELATIVE FREQ (PCT)	ADJUSTED FREQ (PCT)	CUM FREQ (PCT)
	23.	1	5.0	5.9	5.9
	27.	1	5.0	5.9	11.8
	28.	2	10.0	11.8	23.5
	29.	2	10.0	11.8	35.3
	33.	1	5.0	5.9	41.2
	34.	1	5.0	5.9	47.1
	36.	2	10.0	11.8	58.8
	37.	1	5.0	5.9	64.7
	42.	1	5.0	5.9	70.6
	44.	1	5.0	5.9	76.5
	46.	2	10.0	11.8	88.2
	50.	1	5.0	5.9	94.1
	54.	1	5.0	5.9	100.0
	999.	3	15.0	MISSING	
	TOTAL	20	100.0	100.0	

MEAN	36.588	STD ERR	2.190	MEDIAN	35.750
MODE	28.000	STD DEV	9.023	VARIANCE	81.507

ZUNG DEPRESSION SCORE

CATEGORY LABEL	CODE	ABSOLUTE FREQ	RELATIVE FREQ (PCT)	ADJUSTED FREQ (PCT)	CUM FREQ (PCT)
	22.	1	5.0	6.7	6.7
	25.	1	5.0	6.7	13.3
	26.	1	5.0	6.7	20.0
	27.	1	5.0	6.7	26.7
	31.	3	15.0	20.0	46.7
	39.	1	5.0	6.7	53.3
	40.	1	5.0	6.7	60.0
	41.	1	5.0	6.7	66.7
	43.	1	5.0	6.7	73.3
	45.	1	5.0	6.7	80.0
	48.	1	5.0	6.7	86.7
	52.	1	5.0	6.7	93.3
	53.	1	5.0	6.7	100.0
	999.	5	25.0	MISSING	
	TOTAL	20	100.0	100.0	

MEAN	36.933	STD ERR	2.609	MEDIAN	39.000
MODE	31.000	STD DEV	10.103	VARIANCE	102.067

LIFE EVENTS

CATEGORY LABEL	CODE	ABSOLUTE FREQ	RELATIVE FREQ (PCT)	ADJUSTED FREQ (PCT)	CUM FREQ (PCT)
	33.	1	5.0	5.6	5.6
	42.	1	5.0	5.6	11.1
	45.	1	5.0	5.6	16.7
	139.	1	5.0	5.6	22.2
	176.	1	5.0	5.6	27.8
	177.	1	5.0	5.6	33.3
	186.	1	5.0	5.6	38.9
	204.	1	5.0	5.6	44.4
	220.	1	5.0	5.6	50.0
	388.	1	5.0	5.6	55.6
	403.	1	5.0	5.6	61.1
	477.	1	5.0	5.6	66.7
	505.	1	5.0	5.6	72.2
	584.	1	5.0	5.6	77.8
	635.	1	5.0	5.6	83.3
	680.	1	5.0	5.6	88.9
	863.	1	5.0	5.6	94.4
	1456.	1	5.0	5.6	100.0
	999.	2	10.0	MISSING	
	TOTAL	20	100.0	100.0	

MEAN	400.722	STD ERR	84.552	MEDIAN	220.500
MODE	33.000	STD DEV	358.723	VARIANCE	128682.330

SEXUAL PROBLEMS

CATEGORY LABEL	CODE	ABSOLUTE FREQ	RELATIVE FREQ (PCT)	ADJUSTED FREQ (PCT)	CUM FREQ (PCT)
GOOD SEX	7.	15	75.0	83.3	83.3
BAD SEX	8.	3	15.0	16.7	100.0
	999.	2	10.0	MISSING	
	TOTAL	20	100.0	100.0	

SERIOUS EVENTS

CATEGORY LABEL	CODE	ABSOLUTE FREQ	RELATIVE FREQ (PCT)	ADJUSTED FREQ (PCT)	CUM FREQ (PCT)
	20.	1	5.0	5.6	5.6
	29.	1	5.0	5.6	11.1
	45.	1	5.0	5.6	16.7
	52.	1	5.0	5.6	22.2
	101.	1	5.0	5.6	27.8
	102.	1	5.0	5.6	33.3
	130.	1	5.0	5.6	38.9
	155.	1	5.0	5.6	44.4
	204.	1	5.0	5.6	50.0
	259.	1	5.0	5.6	55.6
	363.	1	5.0	5.6	61.1
	377.	1	5.0	5.6	66.7
	444.	1	5.0	5.6	72.2
	445.	1	5.0	5.6	77.8
	454.	1	5.0	5.6	83.3
	601.	1	5.0	5.6	88.9
	643.	1	5.0	5.6	94.4
	1097.	1	5.0	5.6	100.0
	999.	2	10.0	MISSING	
	TOTAL	20	100.0	100.0	

MEAN	306.722	STD ERR	66.076	MEDIAN	204.500
MODE	20.000	STD DEV	280.333	VARIANCE	78589.271

A P P E N D I X V

PART A

SECTION 2

(Pages A.2.70 to A.2.87).

5. This section shows frequency distribuiton and mean data of the group of patients in the study who were control patients who suffered from pain of odontogenic origin.

AGE

CATEGORY LABEL	CODE	ABSOLUTE FREQ	RELATIVE FREQ (PCT)	ADJUSTED FREQ (PCT)	CUM FREQ (PCT)
	15.	1	1.9	1.9	1.9
	19.	3	5.7	5.7	7.5
	20.	2	3.8	3.8	11.3
	22.	1	1.9	1.9	13.2
	23.	3	5.7	5.7	18.9
	24.	3	5.7	5.7	24.5
	25.	2	3.8	3.8	28.3
	26.	1	1.9	1.9	30.2
	27.	2	3.8	3.8	34.0
	28.	1	1.9	1.9	35.8
	29.	2	3.8	3.8	39.6
	30.	1	1.9	1.9	41.5
	31.	3	5.7	5.7	47.2
	33.	1	1.9	1.9	49.1
	34.	1	1.9	1.9	50.9
	35.	2	3.8	3.8	54.7
	37.	1	1.9	1.9	56.6
	38.	1	1.9	1.9	58.5
	39.	2	3.8	3.8	62.3
	40.	2	3.8	3.8	66.0
	45.	1	1.9	1.9	67.9
	46.	1	1.9	1.9	69.8
	48.	1	1.9	1.9	71.7
	49.	1	1.9	1.9	73.6
	55.	2	3.8	3.8	77.4
	56.	1	1.9	1.9	79.2
	62.	2	3.8	3.8	83.0
	63.	1	1.9	1.9	84.9
	64.	1	1.9	1.9	86.8
	65.	2	3.8	3.8	90.6
	67.	1	1.9	1.9	92.5
	68.	1	1.9	1.9	94.3
	69.	1	1.9	1.9	96.2
	70.	1	1.9	1.9	98.1
	73.	1	1.9	1.9	100.0
	TOTAL	53	100.0	100.0	

MEAN	38.981	STD ERR	2.340	MEDIAN	34.000
MODE	19.000	STD DEV	17.037	VARIANCE	290.250

ANAMNESTIC INDEX

CATEGORY LABEL	CODE	ABSOLUTE FREQ	RELATIVE FREQ (PCT)	ADJUSTED FREQ (PCT)	CUM FREQ (PCT)
	0	34	64.2	64.2	64.2
	2.	19	35.8	35.8	100.0
	TOTAL	53	100.0	100.0	

MEAN	.717	STD ERR	.133	MEDIAN	.559
MODE	0	STD DEV	.968	VARIANCE	.938

CLINICAL INDEX

CATEGORY LABEL	CODE	ABSOLUTE FREQ	RELATIVE FREQ (PCT)	ADJUSTED FREQ (PCT)	CUM FREQ (PCT)
	0	21	39.6	45.7	45.7
	1.	25	47.2	54.3	100.0
	999.	7	13.2	MISSING	
	TOTAL	53	100.0	100.0	

MEAN	.543	STD ERR	.074	MEDIAN	.580
MODE	1.000	STD DEV	.504	VARIANCE	.254

OCCUPATION

CATEGORY LABEL	CODE	ABSOLUTE FREQ	RELATIVE FREQ (PCT)	ADJUSTED FREQ (PCT)	CUM FREQ (PCT)
P.T. HOUSEWIFE	1.	3	5.7	5.7	5.7
F.T. HOUSEWIFE	2.	14	26.4	26.4	32.1
PROFESSIONAL	3.	5	9.4	9.4	41.5
CLERICAL	5.	4	7.5	7.5	49.1
CASUAL	6.	2	3.8	3.8	52.8
PENSIONER	7.	5	9.4	9.4	62.3
UNEMPLOYED	8.	12	22.6	22.6	84.9
OTHERS	9.	8	15.1	15.1	100.0
	TOTAL	53	100.0	100.0	

NUMBER OF NATURAL TEETH

CATEGORY LABEL	CODE	ABSOLUTE FREQ	RELATIVE FREQ (PCT)	ADJUSTED FREQ (PCT)	CUM FREQ (PCT)
	4.	1	1.9	2.1	2.1
	6.	1	1.9	2.1	4.3
	7.	1	1.9	2.1	6.4
	8.	2	3.8	4.3	10.6
	12.	1	1.9	2.1	12.8
	13.	1	1.9	2.1	14.9
	14.	1	1.9	2.1	17.0
	15.	1	1.9	2.1	19.1
	16.	1	1.9	2.1	21.3
	18.	1	1.9	2.1	23.4
	19.	1	1.9	2.1	25.5
	20.	2	3.8	4.3	29.8
	22.	4	7.5	8.5	38.3
	23.	1	1.9	2.1	40.4
	24.	2	3.8	4.3	44.7
	25.	3	5.7	6.4	51.1
	26.	2	3.8	4.3	55.3
	27.	4	7.5	8.5	63.8
	28.	11	20.8	23.4	87.2
	30.	2	3.8	4.3	91.5
	31.	2	3.8	4.3	95.7
	32.	2	3.8	4.3	100.0
	999.	6	11.3	MISSING	
	TOTAL	53	100.0	100.0	

MEAN	22.723	STD ERR	1.094	MEDIAN	25.333
MODE	28.000	STD DEV	7.503	VARIANCE	56.291

CONTACTS

CATEGORY LABEL	CODE	ABSOLUTE FREQ	RELATIVE FREQ (PCT)	ADJUSTED FREQ (PCT)	CUM FREQ (PCT)
	0.	2	3.8	4.3	4.3
	4.	1	1.9	2.1	6.4
	7.	2	3.8	4.3	10.6
	11.	2	3.8	4.3	14.9
	13.	1	1.9	2.1	17.0
	14.	1	1.9	2.1	19.1
	15.	1	1.9	2.1	21.3
	16.	1	1.9	2.1	23.4
	18.	1	1.9	2.1	25.5
	22.	2	3.8	4.3	29.8
	23.	2	3.8	4.3	34.0
	24.	5	9.4	10.6	44.7
	25.	1	1.9	2.1	46.8
	26.	8	15.1	17.0	63.8
	27.	4	7.5	8.5	72.3
	28.	10	18.9	21.3	93.6
	31.	2	3.8	4.3	97.9
	32.	1	1.9	2.1	100.0
	999.	6	11.3	MISSING	
	TOTAL	53	100.0	100.0	

MEAN	22.149	STD ERR	1.199	MEDIAN	25.688
MODE	28.000	STD DEV	8.222	VARIANCE	67.606

MARITAL STATUS

CATEGORY LABEL	CODE	ABSOLUTE FREQ	RELATIVE FREQ (PCT)	ADJUSTED FREQ (PCT)	CUM FREQ (PCT)
MARRIED	1.	19	35.8	36.5	36.5
DIVORCED	2.	6	11.3	11.5	48.1
DE FACTO	3.	4	7.5	7.7	55.8
SINGLE	4.	21	39.6	40.4	96.2
OTHERS	5.	2	3.8	3.8	100.0
MISSING DATA	9.	1	1.9	MISSING	
	TOTAL	53	100.0	100.0	

COUNTRY

CATEGORY LABEL	CODE	ABSOLUTE FREQ	RELATIVE FREQ (PCT)	ADJUSTED FREQ (PCT)	CUM FREQ (PCT)
AUSTRALIA	1.	37	69.8	69.8	69.8
EUROPE	2.	5	9.4	9.4	79.2
ASIA	3.	1	1.9	1.9	81.1
NORTH AMERICA	4.	1	1.9	1.9	83.0
OTHERS	6.	9	17.0	17.0	100.0
	TOTAL	53	100.0	100.0	

T.M.J. INDEX

CATEGORY LABEL	CODE	ABSOLUTE FREQ	RELATIVE FREQ (PCT)	ADJUSTED FREQ (PCT)	CUM FREQ (PCT)
	0	30	56.6	65.2	65.2
	1.	15	28.3	32.6	97.8
	2.	1	1.9	2.2	100.0
	999.	7	13.2	MISSING	
	TOTAL	53	100.0	100.0	

MEAN	.370	STD ERR	.078	MEDIAN	.267
MODE	0	STD DEV	.532	VARIANCE	.283

MUSCLE INDEX

CATEGORY LABEL	CODE	ABSOLUTE FREQ	RELATIVE FREQ (PCT)	ADJUSTED FREQ (PCT)	CUM FREQ (PCT)
	0	33	62.3	71.7	71.7
	1.	13	24.5	28.3	100.0
	999.	7	13.2	MISSING	
	TOTAL	53	100.0	100.0	

MEAN	.283	STD ERR	.067	MEDIAN	.197
MODE	0	STD DEV	.455	VARIANCE	.207

TOTAL TEETH INDEX

CATEGORY LABEL	CODE	ABSOLUTE FREQ	RELATIVE FREQ (PCT)	ADJUSTED FREQ (PCT)	CUM FREQ (PCT)
	1.	5	9.4	10.6	10.6
	2.	42	79.2	89.4	100.0
	999.	6	11.3	MISSING	
	TOTAL	53	100.0	100.0	

MEAN	1.894	STD ERR	.045	MEDIAN	1.940
MODE	2.000	STD DEV	.312	VARIANCE	.097

RADIOGRAPHIC INDEX

CATEGORY LABEL	CODE	ABSOLUTE FREQ	RELATIVE FREQ (PCT)	ADJUSTED FREQ (PCT)	CUM FREQ (PCT)
	0	8	15.1	28.6	28.6
	1.	5	9.4	17.9	46.4
	2.	15	28.3	53.6	100.0
	999.	25	47.2	MISSING	
	TOTAL	53	100.0	100.0	

MEAN	1.250	STD ERR	.168	MEDIAN	1.567
MODE	2.000	STD DEV	.887	VARIANCE	.787

GENERAL HYPOCHONDRIASIS

CATEGORY LABEL	CODE	ABSOLUTE FREQ	RELATIVE FREQ (PCT)	ADJUSTED FREQ (PCT)	CUM FREQ (PCT)
	0	26	49.1	49.1	49.1
	1.	13	24.5	24.5	73.6
	2.	5	9.4	9.4	83.0
	3.	1	1.9	1.9	84.9
	4.	5	9.4	9.4	94.3
	5.	1	1.9	1.9	96.2
	6.	1	1.9	1.9	98.1
	7.	1	1.9	1.9	100.0
	TOTAL	53	100.0	100.0	

MEAN	1.208	STD ERR	.237	MEDIAN	.538
MODE	0	STD DEV	1.725	VARIANCE	2.975

DISEASE CONVICTION

CATEGORY LABEL	CODE	ABSOLUTE FREQ	RELATIVE FREQ (PCT)	ADJUSTED FREQ (PCT)	CUM FREQ (PCT)
	0	13	24.5	24.5	24.5
	1.	25	47.2	47.2	71.7
	2.	11	20.8	20.8	92.5
	3.	1	1.9	1.9	94.3
	4.	2	3.8	3.8	98.1
	6.	1	1.9	1.9	100.0
	TOTAL	53	100.0	100.0	

MEAN	1.208	STD ERR	.158	MEDIAN	1.040
MODE	1.000	STD DEV	1.150	VARIANCE	1.321

PSYCHOLOGICAL V SOMATIC FOCUSING

CATEGORY LABEL	CODE	ABSOLUTE FREQ	RELATIVE FREQ (PCT)	ADJUSTED FREQ (PCT)	CUM FREQ (PCT)
	1.	10	18.9	18.9	18.9
	2.	32	60.4	60.4	79.2
	3.	10	18.9	18.9	98.1
	4.	1	1.9	1.9	100.0
	TOTAL	53	100.0	100.0	

MEAN	2.038	STD ERR	.093	MEDIAN	2.016
MODE	2.000	STD DEV	.678	VARIANCE	.460

AFFECTIVE INHIBITION

CATEGORY LABEL	CODE	ABSOLUTE FREQ	RELATIVE FREQ (PCT)	ADJUSTED FREQ (PCT)	CUM FREQ (PCT)
	0	11	20.8	20.8	20.8
	1.	6	11.3	11.3	32.1
	2.	16	30.2	30.2	62.3
	3.	5	9.4	9.4	71.7
	4.	8	15.1	15.1	86.8
	5.	7	13.2	13.2	100.0
	TOTAL	53	100.0	100.0	

MEAN	2.264	STD ERR	.230	MEDIAN	2.094
MODE	2.000	STD DEV	1.677	VARIANCE	2.813

AFFECTIVE DISTURBANCE

CATEGORY LABEL	CODE	ABSOLUTE FREQ	RELATIVE FREQ (PCT)	ADJUSTED FREQ (PCT)	CUM FREQ (PCT)
	0	17	32.1	32.1	32.1
	1.	15	28.3	28.3	60.4
	2.	5	9.4	9.4	69.8
	3.	5	9.4	9.4	79.2
	4.	10	18.9	18.9	98.1
	5.	1	1.9	1.9	100.0
	TOTAL	53	100.0	100.0	

MEAN	1.604	STD ERR	.216	MEDIAN	1.133
MODE	0	STD DEV	1.573	VARIANCE	2.475

DENIAL

CATEGORY LABEL	CODE	ABSOLUTE FREQ	RELATIVE FREQ (PCT)	ADJUSTED FREQ (PCT)	CUM FREQ (PCT)
	0	7	13.2	13.2	13.2
	1.	9	17.0	17.0	30.2
	2.	7	13.2	13.2	43.4
	3.	9	17.0	17.0	60.4
	4.	13	24.5	24.5	84.9
	5.	8	15.1	15.1	100.0
	TOTAL	53	100.0	100.0	

MEAN	2.679	STD ERR	.230	MEDIAN	2.889
MODE	4.000	STD DEV	1.673	VARIANCE	2.799

IRRITABILITY

CATEGORY LABEL	CODE	ABSOLUTE FREQ	RELATIVE FREQ (PCT)	ADJUSTED FREQ (PCT)	CUM FREQ (PCT)
	0	11	20.8	20.8	20.8
	1.	17	32.1	32.1	52.8
	2.	9	17.0	17.0	69.8
	3.	9	17.0	17.0	86.8
	4.	3	5.7	5.7	92.5
	5.	3	5.7	5.7	98.1
	6.	1	1.9	1.9	100.0
	TOTAL	53	100.0	100.0	

MEAN	1.792	STD ERR	.211	MEDIAN	1.412
MODE	1.000	STD DEV	1.536	VARIANCE	2.360

AFFECTIVE STATE

CATEGORY LABEL	CODE	ABSOLUTE FREQ	RELATIVE FREQ (PCT)	ADJUSTED FREQ (PCT)	CUM FREQ (PCT)
	0	2	3.8	3.8	3.8
	1.	10	18.9	18.9	22.6
	2.	8	15.1	15.1	37.7
	3.	6	11.3	11.3	49.1
	4.	7	13.2	13.2	62.3
	5.	2	3.8	3.8	66.0
	6.	6	11.3	11.3	77.4
	7.	4	7.5	7.5	84.9
	8.	1	1.9	1.9	86.8
	10.	2	3.8	3.8	90.6
	12.	1	1.9	1.9	92.5
	13.	2	3.8	3.8	96.2
	16.	2	3.8	3.8	100.0
	TOTAL	53	100.0	100.0	

MEAN	4.604	STD ERR	.540	MEDIAN	3.571
MODE	1.000	STD DEV	3.934	VARIANCE	15.475

DISEASE AFFIRMATION

CATEGORY LABEL	CODE	ABSOLUTE FREQ	RELATIVE FREQ (PCT)	ADJUSTED FREQ (PCT)	CUM FREQ (PCT)
	3.	18	34.0	34.0	34.0
	4.	20	37.7	37.7	71.7
	5.	10	18.9	18.9	90.6
	6.	2	3.8	3.8	94.3
	7.	1	1.9	1.9	96.2
	8.	1	1.9	1.9	98.1
	10.	1	1.9	1.9	100.0
	TOTAL	53	100.0	100.0	

MEAN	4.170	STD ERR	.186	MEDIAN	3.925
MODE	4.000	STD DEV	1.355	VARIANCE	1.836

DISCRIMINANT FUNCTION

CATEGORY LABEL	CODE	ABSOLUTE FREQ	RELATIVE FREQ (PCT)	ADJUSTED FREQ (PCT)	CUM FREQ (PCT)
	29.	2	3.8	3.8	3.8
	30.	2	3.8	3.8	7.5
	30.	1	1.9	1.9	9.4
	32.	1	1.9	1.9	11.3
	32.	1	1.9	1.9	13.2
	33.	2	3.8	3.8	17.0
	34.	1	1.9	1.9	18.9
	35.	1	1.9	1.9	20.8
	35.	2	3.8	3.8	24.5
	39.	2	3.8	3.8	28.3
	41.	2	3.8	3.8	32.1
	41.	1	1.9	1.9	34.0
	41.	1	1.9	1.9	35.8
	42.	2	3.8	3.8	39.6
	42.	1	1.9	1.9	41.5
	43.	2	3.8	3.8	45.3
	43.	2	3.8	3.8	49.1
	44.	1	1.9	1.9	50.9
	45.	3	5.7	5.7	56.6
	45.	1	1.9	1.9	58.5
	45.	1	1.9	1.9	60.4
	46.	1	1.9	1.9	62.3
	46.	2	3.8	3.8	66.0
	48.	1	1.9	1.9	67.9
	48.	1	1.9	1.9	69.8
	49.	2	3.8	3.8	73.6
	49.	1	1.9	1.9	75.5
	50.	1	1.9	1.9	77.4
	53.	1	1.9	1.9	79.2
	53.	1	1.9	1.9	81.1
	53.	1	1.9	1.9	83.0
	56.	1	1.9	1.9	84.9
	58.	1	1.9	1.9	86.8

	59.	2	3.8	3.8	90.6
	61.	1	1.9	1.9	92.5
	63.	1	1.9	1.9	94.3
	65.	1	1.9	1.9	96.2
	66.	1	1.9	1.9	98.1
	78.	1	1.9	1.9	100.0
	TOTAL	53	100.0	100.0	

MEAN 44.970 STD ERR 1.465 MEDIAN 44.200
MODE 44.800 STD DEV 10.663 VARIANCE 113.706

WHITELEY INDEX

CATEGORY LABEL	CODE	ABSOLUTE FREQ	RELATIVE FREQ (PCT)	ADJUSTED FREQ (PCT)	CUM FREQ (PCT)
	0	8	15.1	15.1	15.1
	1.	13	24.5	24.5	39.6
	2.	15	28.3	28.3	67.9
	3.	9	17.0	17.0	84.9
	4.	2	3.8	3.8	88.7
	5.	2	3.8	3.8	92.5
	6.	1	1.9	1.9	94.3
	7.	1	1.9	1.9	96.2
	8.	1	1.9	1.9	98.1
	10.	1	1.9	1.9	100.0
	TOTAL	53	100.0	100.0	

MEAN 2.245 STD ERR .281 MEDIAN 1.867
MODE 2.000 STD DEV 2.047 VARIANCE 4.189

SPIELBERGER STATE SCORE

CATEGORY LABEL	CODE	ABSOLUTE FREQ	RELATIVE FREQ (PCT)	ADJUSTED FREQ (PCT)	CUM FREQ (PCT)
	20.	1	1.9	2.1	2.1
	23.	3	5.7	6.3	8.3
	24.	2	3.8	4.2	12.5
	26.	3	5.7	6.3	18.8
	27.	2	3.8	4.2	22.9
	28.	1	1.9	2.1	25.0
	30.	1	1.9	2.1	27.1
	32.	1	1.9	2.1	29.2
	33.	3	5.7	6.3	35.4
	35.	2	3.8	4.2	39.6
	36.	2	3.8	4.2	43.8
	37.	2	3.8	4.2	47.9
	38.	2	3.8	4.2	52.1
	39.	2	3.8	4.2	56.3
	40.	4	7.5	8.3	64.6
	41.	3	5.7	6.3	70.8
	42.	2	3.8	4.2	75.0
	43.	1	1.9	2.1	77.1
	48.	2	3.8	4.2	81.3
	50.	2	3.8	4.2	85.4
	54.	1	1.9	2.1	87.5
	55.	1	1.9	2.1	89.6
	58.	1	1.9	2.1	91.7
	59.	1	1.9	2.1	93.8
	69.	1	1.9	2.1	95.8
	71.	1	1.9	2.1	97.9
	72.	1	1.9	2.1	100.0
	999.	5	9.4	MISSING	
	TOTAL	53	100.0	100.0	

MEAN	39.000	STD ERR	1.824	MEDIAN	38.000
MODE	40.000	STD DEV	12.634	VARIANCE	159.617

SPIELBERGER TRAIT SCORE

CATEGORY LABEL	CODE	ABSOLUTE FREQ	RELATIVE FREQ (PCT)	ADJUSTED FREQ (PCT)	CUM FREQ (PCT)
	23.	1	1.9	2.2	2.2
	25.	1	1.9	2.2	4.3
	26.	3	5.7	6.5	10.9
	27.	1	1.9	2.2	13.0
	28.	1	1.9	2.2	15.2
	29.	1	1.9	2.2	17.4
	30.	3	5.7	6.5	23.9
	31.	1	1.9	2.2	26.1
	32.	3	5.7	6.5	32.6
	33.	2	3.8	4.3	37.0
	34.	1	1.9	2.2	39.1
	35.	1	1.9	2.2	41.3
	36.	4	7.5	8.7	50.0
	37.	1	1.9	2.2	52.2
	38.	1	1.9	2.2	54.3
	39.	3	5.7	6.5	60.9
	41.	2	3.8	4.3	65.2
	43.	2	3.8	4.3	69.6
	44.	2	3.8	4.3	73.9
	45.	4	7.5	8.7	82.6
	47.	1	1.9	2.2	84.8
	48.	1	1.9	2.2	87.0
	51.	1	1.9	2.2	89.1
	52.	1	1.9	2.2	91.3
	57.	1	1.9	2.2	93.5
	58.	1	1.9	2.2	95.7
	63.	1	1.9	2.2	97.8
	68.	1	1.9	2.2	100.0
	999.	7	13.2	MISSING	
	TOTAL	53	100.0	100.0	

MEAN	38.652	STD ERR	1.510	MEDIAN	36.500
MODE	36.000	STD DEV	10.242	VARIANCE	104.899

ZUNG DEPRESSION SCORE

CATEGORY LABEL	CODE	ABSOLUTE FREQ	RELATIVE FREQ (PCT)	ADJUSTED FREQ (PCT)	CUM FREQ (PCT)
	22.	1	1.9	2.3	2.3
	23.	2	3.8	4.7	7.0
	24.	2	3.8	4.7	11.6
	26.	5	9.4	11.6	23.3
	27.	2	3.8	4.7	27.9
	28.	5	9.4	11.6	39.5
	29.	3	5.7	7.0	46.5
	30.	1	1.9	2.3	48.8
	31.	1	1.9	2.3	51.2
	32.	1	1.9	2.3	53.5
	34.	1	1.9	2.3	55.8
	35.	1	1.9	2.3	58.1
	36.	1	1.9	2.3	60.5
	41.	1	1.9	2.3	62.8
	42.	1	1.9	2.3	65.1
	44.	1	1.9	2.3	67.4
	45.	2	3.8	4.7	72.1
	46.	3	5.7	7.0	79.1
	47.	2	3.8	4.7	83.7
	48.	1	1.9	2.3	86.0
	49.	2	3.8	4.7	90.7
	50.	1	1.9	2.3	93.0
	54.	1	1.9	2.3	95.3
	60.	1	1.9	2.3	97.7
	61.	1	1.9	2.3	100.0
	999.	10	18.9	MISSING	
	TOTAL	53	100.0	100.0	

MEAN	35.930	STD ERR	1.675	MEDIAN	31.000
MODE	26.000	STD DEV	10.981	VARIANCE	120.590

LIFE EVENTS

CATEGORY LABEL	CODE	ABSOLUTE FREQ	RELATIVE FREQ (PCT)	ADJUSTED FREQ (PCT)	CUM FREQ (PCT)
	0	4	7.5	7.5	7.5
	13.	1	1.9	1.9	9.4
	39.	1	1.9	1.9	11.3
	65.	1	1.9	1.9	13.2
	67.	1	1.9	1.9	15.1
	68.	1	1.9	1.9	17.0
	82.	1	1.9	1.9	18.9
	90.	1	1.9	1.9	20.8
	93.	1	1.9	1.9	22.6
	102.	1	1.9	1.9	24.5
	103.	1	1.9	1.9	26.4
	126.	2	3.8	3.8	30.2
	132.	1	1.9	1.9	32.1
	153.	1	1.9	1.9	34.0
	196.	1	1.9	1.9	35.8
	234.	1	1.9	1.9	37.7
	246.	1	1.9	1.9	39.6
	249.	1	1.9	1.9	41.5
	251.	1	1.9	1.9	43.4
	261.	1	1.9	1.9	45.3
	279.	1	1.9	1.9	47.2
	282.	2	3.8	3.8	50.9
	312.	1	1.9	1.9	52.8
	341.	1	1.9	1.9	54.7
	366.	1	1.9	1.9	56.6
	386.	1	1.9	1.9	58.5
	393.	1	1.9	1.9	60.4

LIFE EVENTS (CONT)

457.	1	1.9	1.9	66.0
466.	1	1.9	1.9	67.9
469.	1	1.9	1.9	69.8
473.	1	1.9	1.9	71.7
480.	1	1.9	1.9	73.6
506.	1	1.9	1.9	75.5
516.	1	1.9	1.9	77.4
554.	1	1.9	1.9	79.2
570.	1	1.9	1.9	81.1
577.	1	1.9	1.9	83.0
578.	1	1.9	1.9	84.9
706.	1	1.9	1.9	86.8
723.	1	1.9	1.9	88.7
743.	1	1.9	1.9	90.6
754.	1	1.9	1.9	92.5
803.	1	1.9	1.9	94.3
836.	1	1.9	1.9	96.2
863.	1	1.9	1.9	98.1
1110.	1	1.9	1.9	100.0
TOTAL	53	100.0	100.0	

MEAN	345.906	STD ERR	36.831	MEDIAN	282.250
MODE	0	STD DEV	268.133	VARIANCE	71895.395

SEXUAL PROBLEMS

CATEGORY LABEL	CODE	ABSOLUTE FREQ	RELATIVE FREQ (PCT)	ADJUSTED FREQ (PCT)	CUM FREQ (PCT)
GOOD SEX	7.	44	83.0	83.0	83.0
BAD SEX	3.	9	17.0	17.0	100.0
	TOTAL	53	100.0	100.0	

SERIOUS EVENTS

CATEGORY LABEL	CODE	ABSOLUTE FREQ	RELATIVE FREQ (PCT)	ADJUSTED FREQ (PCT)	CUM FREQ (PCT)
	0	6	11.3	11.3	11.3
	25.	2	3.8	3.8	15.1
	29.	1	1.9	1.9	17.0
	47.	1	1.9	1.9	18.9
	59.	1	1.9	1.9	20.8
	63.	3	5.7	5.7	26.4
	67.	1	1.9	1.9	28.3
	74.	1	1.9	1.9	30.2
	82.	1	1.9	1.9	32.1
	89.	1	1.9	1.9	34.0
	98.	1	1.9	1.9	35.8
	132.	1	1.9	1.9	37.7
	139.	1	1.9	1.9	39.6
	144.	1	1.9	1.9	41.5
	151.	1	1.9	1.9	43.4
	154.	1	1.9	1.9	45.3
	173.	1	1.9	1.9	47.2
	198.	1	1.9	1.9	49.1
	205.	1	1.9	1.9	50.9
	207.	1	1.9	1.9	52.8
	222.	1	1.9	1.9	54.7
	227.	1	1.9	1.9	56.6
	229.	1	1.9	1.9	58.5
	252.	1	1.9	1.9	60.4
	294.	1	1.9	1.9	62.3
	302.	1	1.9	1.9	64.2
	309.	2	3.8	3.8	67.9
	320.	1	1.9	1.9	69.8
	325.	1	1.9	1.9	71.7
	328.	1	1.9	1.9	73.6
	334.	1	1.9	1.9	75.5
	355.	1	1.9	1.9	77.4
	396.	1	1.9	1.9	79.2
	401.	1	1.9	1.9	81.1
	426.	1	1.9	1.9	83.0

A.2.87

450.	1	1.9	1.9	84.9
470.	1	1.9	1.9	86.8
484.	1	1.9	1.9	88.7
508.	1	1.9	1.9	90.6
558.	1	1.9	1.9	92.5
592.	1	1.9	1.9	94.3
606.	1	1.9	1.9	96.2
605.	1	1.9	1.9	98.1
992.	1	1.9	1.9	100.0
TOTAL	53	100.0	100.0	

MEAN	241.151	STD ERR	29.781	MEDIAN	205.000
MODE	0	STD DEV	216.807	VARIANCE	47005.246

APPENDIX V

PART B

STATISTICAL ANALYSIS

APPENDIX V

PART B

SECTION 1

(Pages B.1.1. to B.1.17)

This section describes statistical analysis between the groups of different socio-economic background.

The groups were:

All female TMJ patients who were either:
(a) private patients (Group 1), or
(b) public patients (Group 2).

T-TEST

VARIABLE	NUMBER OF CASES	MEAN	STANDARD DEVIATION	STANDARD ERROR
AGE				
GROUP 1	33	32.0606	10.686	1.860
GROUP 2	61	44.8852	21.643	2.771

		POOLED VARIANCE ESTIMATE			SEPARATE VARIANCE ESTIMATE		
F VALUE	2-TAIL PROB.	T VALUE	DEGREES OF FREEDOM	2-TAIL PROB.	T VALUE	DEGREES OF FREEDOM	2-TAIL PROB.
4.10	.000	-3.19	92	.002	-3.34	91.44	.000

VARIABLE	NUMBER OF CASES	MEAN	STANDARD DEVIATION	STANDARD ERROR
ANAMNESTIC INDEX				
GROUP 1	33	1.9394	.348	.061
GROUP 2	61	1.9672	.256	.033

		POOLED VARIANCE ESTIMATE			SEPARATE VARIANCE ESTIMATE		
F VALUE	2-TAIL PROB.	T VALUE	DEGREES OF FREEDOM	2-TAIL PROB.	T VALUE	DEGREES OF FREEDOM	2-TAIL PROB.
1.85	.040	-.44	92	.660	-.40	51.14	.688

VARIABLE	NUMBER OF CASES	MEAN	STANDARD DEVIATION	STANDARD ERROR
CLINICAL INDEX				
GROUP 1	33	1.4848	.508	.088
GROUP 2	61	1.3607	.517	.066

		POOLED VARIANCE ESTIMATE			SEPARATE VARIANCE ESTIMATE		
F VALUE	2-TAIL PROB.	T VALUE	DEGREES OF FREEDOM	2-TAIL PROB.	T VALUE	DEGREES OF FREEDOM	2-TAIL PROB.
1.04	.926	1.12	92	.266	1.12	66.84	.265

VARIABLE	NUMBER OF CASES	MEAN	STANDARD DEVIATION	STANDARD ERROR
MUSCLE INDEX				
GROUP 1	33	1.4545	.666	.116
GROUP 2	61	1.4754	.622	.080

		POOLED VARIANCE ESTIMATE			SEPARATE VARIANCE ESTIMATE		
F VALUE	2-TAIL PROB.	T VALUE	DEGREES OF FREEDOM	2-TAIL PROB.	T VALUE	DEGREES OF FREEDOM	2-TAIL PROB.
1.15	.638	-.15	92	.880	-.15	61.99	.883

VARIABLE	NUMBER OF CASES	MEAN	STANDARD DEVIATION	STANDARD ERROR
TMJ INDEX				
GROUP 1	33	1.5455	.564	.098
GROUP 2	61	1.3607	.659	.084

		POOLED VARIANCE ESTIMATE			SEPARATE VARIANCE ESTIMATE		
F VALUE	2-TAIL PROB.	T VALUE	DEGREES OF FREEDOM	2-TAIL PROB.	T VALUE	DEGREES OF FREEDOM	2-TAIL PROB.
1.37	.341	1.36	92	.176	1.43	74.93	.153

VARIABLE	NUMBER OF CASES	MEAN	STANDARD DEVIATION	STANDARD ERROR
PAIN DURATION				
GROUP 1	26	16.0000	23.222	4.554
GROUP 2	51	12.1569	16.330	2.287

		POOLED VARIANCE ESTIMATE			SEPARATE VARIANCE ESTIMATE		
F VALUE	2-TAIL PROB.	T VALUE	DEGREES OF FREEDOM	2-TAIL PROB.	T VALUE	DEGREES OF FREEDOM	2-TAIL PROB.
2.02	.034	.84	75	.402	.75	37.99	.455

VARIABLE	NUMBER OF CASES	MEAN	STANDARD DEVIATION	STANDARD ERROR
NUMBER OF NATURAL TEETH				
GROUP 1	30	25.4667	5.952	1.087
GROUP 2	61	16.1639	12.035	1.541

		POOLED VARIANCE ESTIMATE			SEPARATE VARIANCE ESTIMATE		
F VALUE	2-TAIL PROB.	T VALUE	DEGREES OF FREEDOM	2-TAIL PROB.	T VALUE	DEGREES OF FREEDOM	2-TAIL PROB.
4.09	.000	3.99	89	.000	4.93	88.98	.000

VARIABLE	NUMBER OF CASES	MEAN	STANDARD DEVIATION	STANDARD ERROR
TEETH INDEX				
GROUP 1	30	1.5667	.434	.079
GROUP 2	61	1.2295	.883	.113

		POOLED VARIANCE ESTIMATE			SEPARATE VARIANCE ESTIMATE		
F VALUE	2-TAIL PROB.	T VALUE	DEGREES OF FREEDOM	2-TAIL PROB.	T VALUE	DEGREES OF FREEDOM	2-TAIL PROB.
4.14	.000	3.73	89	.000	4.61	88.99	.000

VARIABLE	NUMBER OF CASES	MEAN	STANDARD DEVIATION	STANDARD ERROR
CONTACTS				
GROUP 1	30	26.3333	3.231	.590
GROUP 2	61	23.4754	7.386	.946

		POOLED VARIANCE ESTIMATE			SEPARATE VARIANCE ESTIMATE		
F VALUE	2-TAIL PROB.	T VALUE	DEGREES OF FREEDOM	2-TAIL PROB.	T VALUE	DEGREES OF FREEDOM	2-TAIL PROB.
5.23	.000	2.02	89	.046	2.56	88.16	.012

VARIABLE	NUMBER OF CASES	MEAN	STANDARD DEVIATION	STANDARD ERROR
TREATMENT TIME				
GROUP 1	28	1.7500	1.266	.239
GROUP 2	46	2.2826	1.615	.238

		POOLED VARIANCE ESTIMATE			SEPARATE VARIANCE ESTIMATE		
F VALUE	2-TAIL PROB.	T VALUE	DEGREES OF FREEDOM	2-TAIL PROB.	T VALUE	DEGREES OF FREEDOM	2-TAIL PROB.
1.63	.179	-1.49	72	.141	-1.56	67.34	.119

VARIABLE	NUMBER OF CASES	MEAN	STANDARD DEVIATION	STANDARD ERROR
TIME ELAPSED				
GROUP 1	28	8.0000	3.220	.609
GROUP 2	45	7.9333	2.856	.426

		POOLED VARIANCE ESTIMATE			SEPARATE VARIANCE ESTIMATE		
F VALUE	2-TAIL PROB.	T VALUE	DEGREES OF FREEDOM	2-TAIL PROB.	T VALUE	DEGREES OF FREEDOM	2-TAIL PROB.
1.27	.469	.09	71	.927	.09	52.21	.929

VARIABLE	NUMBER OF CASES	MEAN	STANDARD DEVIATION	STANDARD ERROR
GENERAL HYPOCHONDRIASIS				
GROUP 1	33	1.4545	1.769	.308
GROUP 2	61	1.4918	1.767	.226

		POOLED VARIANCE ESTIMATE			SEPARATE VARIANCE ESTIMATE		
F VALUE	2-TAIL PROB.	T VALUE	DEGREES OF FREEDOM	2-TAIL PROB.	T VALUE	DEGREES OF FREEDOM	2-TAIL PROB.
1.00	.967	-.10	92	.923	-.10	65.64	.923

VARIABLE	NUMBER OF CASES	MEAN	STANDARD DEVIATION	STANDARD ERROR
DISEASE CONVICTION				
GROUP 1	33	1.7879	1.495	.260
GROUP 2	61	2.0984	1.535	.197

		POOLED VARIANCE ESTIMATE			SEPARATE VARIANCE ESTIMATE		
F VALUE	2-TAIL PROB.	T VALUE	DEGREES OF FREEDOM	2-TAIL PROB.	T VALUE	DEGREES OF FREEDOM	2-TAIL PROB.
1.05	.890	-.94	92	.347	-.95	67.25	.345

VARIABLE	NUMBER OF CASES	MEAN	STANDARD DEVIATION	STANDARD ERROR
PSYCHOLOGICAL V SOMATIC FOCUSING				
GROUP 1	33	1.7576	.708	.123
GROUP 2	61	1.6393	.984	.126

		POOLED VARIANCE ESTIMATE			SEPARATE VARIANCE ESTIMATE		
F VALUE	2-TAIL PROB.	T VALUE	DEGREES OF FREEDOM	2-TAIL PROB.	T VALUE	DEGREES OF FREEDOM	2-TAIL PROB.
1.93	.046	.61	92	.544	.67	84.53	.504

VARIABLE	NUMBER OF CASES	MEAN	STANDARD DEVIATION	STANDARD ERROR
AFFECTIVE INHIBITION				
GROUP 1	33	2.0909	1.400	.244
GROUP 2	61	2.5082	1.670	.214

		POOLED VARIANCE ESTIMATE			SEPARATE VARIANCE ESTIMATE		
F VALUE	2-TAIL PROB.	T VALUE	DEGREES OF FREEDOM	2-TAIL PROB.	T VALUE	DEGREES OF FREEDOM	2-TAIL PROB.
1.42	.281	-1.22	92	.225	-1.29	76.14	.202

VARIABLE	NUMBER OF CASES	MEAN	STANDARD DEVIATION	STANDARD ERROR
AFFECTIVE DISTURBANCE				
GROUP 1	33	1.8485	1.642	.286
GROUP 2	61	2.5902	1.616	.207

		POOLED VARIANCE ESTIMATE			SEPARATE VARIANCE ESTIMATE		
F VALUE	2-TAIL PROB.	T VALUE	DEGREES OF FREEDOM	2-TAIL PROB.	T VALUE	DEGREES OF FREEDOM	2-TAIL PROB.
1.03	.895	-2.11	92	.037	-2.10	64.85	.039

VARIABLE	NUMBER OF CASES	MEAN	STANDARD DEVIATION	STANDARD ERROR
DENIAL				
GROUP 1	33	3.2424	1.458	.254
GROUP 2	61	3.0492	1.736	.222

		POOLED VARIANCE ESTIMATE			SEPARATE VARIANCE ESTIMATE		
F VALUE	2-TAIL PROB.	T VALUE	DEGREES OF FREEDOM	2-TAIL PROB.	T VALUE	DEGREES OF FREEDOM	2-TAIL PROB.
1.42	.286	.54	92	.588	.57	76.04	.569

VARIABLE	NUMBER OF CASES	MEAN	STANDARD DEVIATION	STANDARD ERROR
IRRITABILITY				
GROUP 1	33	2.1818	1.570	.273
GROUP 2	61	1.8852	1.694	.217

		POOLED VARIANCE ESTIMATE			SEPARATE VARIANCE ESTIMATE		
F VALUE	2-TAIL PROB.	T VALUE	DEGREES OF FREEDOM	2-TAIL PROB.	T VALUE	DEGREES OF FREEDOM	2-TAIL PROB.
1.16	.651	.83	92	.408	.85	70.15	.398

VARIABLE	NUMBER OF CASES	MEAN	STANDARD DEVIATION	STANDARD ERROR
AFFECTIVE STATE				
GROUP 1	33	5.4848	4.236	.737
GROUP 2	61	5.9672	3.516	.450

		POOLED VARIANCE ESTIMATE			SEPARATE VARIANCE ESTIMATE		
F VALUE	2-TAIL PROB.	T VALUE	DEGREES OF FREEDOM	2-TAIL PROB.	T VALUE	DEGREES OF FREEDOM	2-TAIL PROB.
1.45	.212	-.59	92	.557	-.56	56.14	.579

VARIABLE	NUMBER OF CASES	MEAN	STANDARD DEVIATION	STANDARD ERROR
DISEASE AFFIRMATION				
GROUP 1	33	5.0303	1.944	.338
GROUP 2	61	5.4590	2.078	.266

		POOLED VARIANCE ESTIMATE			SEPARATE VARIANCE ESTIMATE		
F VALUE	2-TAIL PROB.	T VALUE	DEGREES OF FREEDOM	2-TAIL PROB.	T VALUE	DEGREES OF FREEDOM	2-TAIL PROB.
1.14	.694	-.98	92	.332	-1.00	69.60	.323

VARIABLE	NUMBER OF CASES	MEAN	STANDARD DEVIATION	STANDARD ERROR
DISCRIMINANT FUNCTION				
GROUP 1	33	52.5909	14.077	2.450
GROUP 2	61	54.8525	16.066	2.057

		POOLED VARIANCE ESTIMATE			SEPARATE VARIANCE ESTIMATE		
F VALUE	2-TAIL PROB.	T VALUE	DEGREES OF FREEDOM	2-TAIL PROB.	T VALUE	DEGREES OF FREEDOM	2-TAIL PROB.
1.30	.421	-.68	92	.499	-.71	73.52	.482

VARIABLE	NUMBER OF CASES	MEAN	STANDARD DEVIATION	STANDARD ERROR
WHITELEY INDEX				
GROUP 1	33	2.7879	3.150	.548
GROUP 2	61	3.4098	2.716	.348

		POOLED VARIANCE ESTIMATE			SEPARATE VARIANCE ESTIMATE		
F VALUE	2-TAIL PROB.	T VALUE	DEGREES OF FREEDOM	2-TAIL PROB.	T VALUE	DEGREES OF FREEDOM	2-TAIL PROB.
1.34	.320	-1.00	92	.319	-.96	57.93	.342

VARIABLE	NUMBER OF CASES	MEAN	STANDARD DEVIATION	STANDARD ERROR
SPIELBERGER STATE SCORE				
GROUP 1	32	35.7500	11.997	2.121
GROUP 2	52	40.5000	11.663	1.617

		POOLED VARIANCE ESTIMATE			SEPARATE VARIANCE ESTIMATE		
F VALUE	2-TAIL PROB.	T VALUE	DEGREES OF FREEDOM	2-TAIL PROB.	T VALUE	DEGREES OF FREEDOM	2-TAIL PROB.
1.06	.841	-1.79	82	.077	-1.78	64.32	.080

VARIABLE	NUMBER OF CASES	MEAN	STANDARD DEVIATION	STANDARD ERROR
SPIELBERGER TRAIT SCORE				
GROUP 1	31	38.0968	9.721	1.746
GROUP 2	52	40.5962	11.243	1.559

		POOLED VARIANCE ESTIMATE			SEPARATE VARIANCE ESTIMATE		
F VALUE	2-TAIL PROB.	T VALUE	DEGREES OF FREEDOM	2-TAIL PROB.	T VALUE	DEGREES OF FREEDOM	2-TAIL PROB.
1.34	.396	-1.03	81	.307	-1.07	70.54	.289

VARIABLE	NUMBER OF CASES	MEAN	STANDARD DEVIATION	STANDARD ERROR
ZUNG DEPRESSION SCORE				
GROUP 1	31	33.5484	8.551	1.536
GROUP 2	42	40.0476	9.425	1.454

		POOLED VARIANCE ESTIMATE			SEPARATE VARIANCE ESTIMATE		
F VALUE	2-TAIL PROB.	T VALUE	DEGREES OF FREEDOM	2-TAIL PROB.	T VALUE	DEGREES OF FREEDOM	2-TAIL PROB.
1.21	.584	-3.03	71	.003	-3.07	67.95	.003

VARIABLE	NUMBER OF CASES	MEAN	STANDARD DEVIATION	STANDARD ERROR
LIFE EVENTS				
GROUP 1	33	440.7879	304.539	53.013
GROUP 2	60	381.8667	351.007	45.315

		POOLED VARIANCE ESTIMATE			SEPARATE VARIANCE ESTIMATE		
F VALUE	2-TAIL PROB.	T VALUE	DEGREES OF FREEDOM	2-TAIL PROB.	T VALUE	DEGREES OF FREEDOM	2-TAIL PROB.
1.33	.387	.81	91	.420	.84	74.32	.401

VARIABLE	NUMBER OF CASES	MEAN	STANDARD DEVIATION	STANDARD ERROR
SERIOUS EVENTS				
GROUP 1	33	327.3636	253.762	44.174
GROUP 2	60	279.5000	280.617	36.228

		POOLED VARIANCE ESTIMATE			SEPARATE VARIANCE ESTIMATE		
F VALUE	2-TAIL PROB.	T VALUE	DEGREES OF FREEDOM	2-TAIL PROB.	T VALUE	DEGREES OF FREEDOM	2-TAIL PROB.
1.22	.544	.81	91	.418	.84	71.88	.405

CHI SQUARE TEST

SEXUAL PROBLEMS

COUNT / ROW PCT / COL PCT / TOT PCT	7.	8.	ROW TOTAL
1.	23 69.7 34.3 24.7	10 30.3 38.5 10.8	33 35.5
2.	44 73.3 65.7 47.3	16 26.7 61.5 17.2	60 64.5
COLUMN TOTAL	67 72.0	26 28.0	93 100.0

CORRECTED CHI SQ = .01753 1 D.F., SIG. = .8947
RAW CHI SQ = .13978 1 D.F., SIG. = .7085

MISSING OBSERVATIONS - 1

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RADIOGRAPHIC INDEX

COUNT / ROW PCT / COL PCT / TOT PCT	0	1.	2.	ROW TOTAL
2.	13 26.5 100.0 26.5	8 16.3 100.0 16.3	28 57.1 100.0 57.1	49 100.0
COLUMN TOTAL	13 26.5	8 16.3	28 57.1	49 100.0

MISSING OBSERVATIONS - 45

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MUSCLE INDEX

COUNT / ROW PCT / COL PCT / TOT PCT	0	1.	2.	ROW TOTAL
1.	3 9.1 42.9 3.2	12 36.4 33.3 12.8	18 54.5 35.3 19.1	33 35.1
2.	4 6.6 57.1 4.3	24 39.3 66.7 25.5	33 54.1 64.7 35.1	61 64.9
COLUMN TOTAL	7 7.4	36 38.3	51 54.3	94 100.0

RAW CHI SQ = .23505 WITH 2 D.F., SIG. = .8891

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TMJ INDEX

COUNT / ROW PCT / COL PCT / TOT PCT	0	1.	2.	ROW TOTAL
1.	1 3.0 14.3 1.1	13 39.4 32.5 13.8	19 57.6 40.4 20.2	33 35.1
2.	6 9.8 85.7 6.4	27 44.3 67.5 28.7	28 45.9 59.6 29.8	61 64.9
COLUMN TOTAL	7 7.4	40 42.6	47 50.0	94 100.0

RAW CHI SQ = 2.03497 WITH 2 D.F., SIG. = .3615

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TEETH INDEX

COUNT / ROW PCT / COL PCT / TOT PCT	0	1.	2.	ROW TOTAL
1.	1 3.3 5.3 1.1	2 6.7 15.4 2.2	27 90.0 45.8 29.7	30 33.0
2.	18 29.5 94.7 19.8	11 18.0 84.6 12.1	32 52.5 54.2 35.2	61 67.0
COLUMN TOTAL	19 20.9	13 14.3	59 64.8	91 100.0

RAW CHI SQ = 12.78870 WITH 2 D.F., SIG. = .0017

MISSING OBSERVATIONS - 3

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CLINICAL INDEX

COUNT / ROW PCT / COL PCT / TOT PCT	0	1.	2.	ROW TOTAL
1.	0 0 0 0	17 51.5 31.5 18.1	16 48.5 41.0 17.0	33 35.1
2.	1 1.6 100.0 1.1	37 60.7 68.5 39.4	23 37.7 59.0 24.5	61 64.9
COLUMN TOTAL	1 1.1	54 57.4	39 41.5	94 100.0

RAW CHI SQ = 1.45225 WITH 2 D.F., SIG. = .4838

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ANAMNESTIC INDEX

COUNT / ROW PCT / COL PCT / TOT PCT	0.	2.	ROW TOTAL
1.	1 3.0 50.0 1.1	32 97.0 34.8 34.0	33 35.1
2.	1 1.6 50.0 1.1	60 98.4 65.2 63.8	61 64.9
COLUMN TOTAL	2 2.1	92 97.9	94 100.0

CORRECTED CHI SQ = 0 1 D.F., SIG. = 1.0000
RAW CHI SQ = .19897 1 D.F., SIG. = .6556

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COUNTRY

COUNT / ROW PCT / COL PCT / TOT PCT	1.	2.	3.	4.	6.	ROW TOTAL
1.	20 60.6 35.7 21.3	8 24.2 36.4 8.5	1 3.0 50.0 1.1	1 3.0 50.0 1.1	3 9.1 25.0 3.2	33 35.1
2.	36 59.0 64.3 38.3	14 23.0 63.6 14.9	1 1.6 50.0 1.1	1 1.6 50.0 1.1	9 14.8 75.0 9.6	61 64.9
COLUMN TOTAL	56 59.6	22 23.4	2 2.1	2 2.1	12 12.8	94 100.0

RAW CHI SQ = .95182 WITH 4 D.F., SIG. = .9170

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                 TOTAL TEETH INDEX
        COUNT    I
      ROW PCT    I                              ROW
      COL PCT    I                              TOTAL
      TOT PCT    I        1.I        2.I
              ---I--------I---------I
           1.    I      1  I      29  I          30
                 I    3.3  I    96.7  I        33.0
                 I   33.3  I    33.0  I
                 I    1.1  I    31.9  I
                -I--------I---------I
           2.    I      2  I      59  I          61
                 I    3.3  I    96.7  I        67.0
                 I   66.7  I    67.0  I
                 I    2.2  I    64.8  I
                -I--------I---------I
        COLUMN          3          88             91
         TOTAL        3.3        96.7          100.0

CORRECTED CHI SQ =           0  1 D.F.,  SIG. =   1.0000
      RAW CHI SQ =      .00019  1 D.F.,  SIG. =    .9890

MISSING OBSERVATIONS -          3
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                    CURED
        COUNT    I
      ROW PCT    I                              ROW
      COL PCT    I                              TOTAL
      TOT PCT    I         0I        1.I
              ---I--------I---------I
           1.    I     13  I      10  I          23
                 I   56.5  I    43.5  I        34.8
                 I   37.1  I    32.3  I
                 I   19.7  I    15.2  I
                -I--------I---------I
           2.    I     22  I      21  I          43
                 I   51.2  I    48.8  I        65.2
                 I   62.9  I    67.7  I
                 I   33.3  I    31.8  I
                -I--------I---------I
        COLUMN         35          31             66
         TOTAL       53.0        47.0          100.0

CORRECTED CHI SQ =      .02460  1 D.F.,  SIG. =    .8754
      RAW CHI SQ =      .17277  1 D.F.,  SIG. =    .6777

MISSING OBSERVATIONS -          28
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MANN WHITNEY U TEST
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SERIOUS EVENTS

GPF = 1. MEAN RANK	NUMBER	GPF = 2. MEAN RANK	NUMBER
51.94	33	44.28	60

U	W	CORRECTED FOR TIES Z	2-TAILED P
827.0	1714.0	1.3103	.1901

LIFE EVENTS

GPF = 1. MEAN RANK	NUMBER	GPF = 2. MEAN RANK	NUMBER
52.29	33	44.09	60

U	W	CORRECTED FOR TIES Z	2-TAILED P
815.5	1725.5	1.4013	.1610

ZUNG DEPRESSION SCORE

GPF = 1. MEAN RANK	NUMBER	GPF = 2. MEAN RANK	NUMBER
27.95	31	43.68	42

U	W	CORRECTED FOR TIES Z	2-TAILED P
370.5	866.5	-3.1337	.0017

SPIELBERGER TRAIT SCORE

GPF = 1. MEAN RANK	NUMBER	GPF = 2. MEAN RANK	NUMBER
38.50	31	44.09	52

U	W	CORRECTED FOR TIES Z	2-TAILED P
697.5	1193.5	-1.0224	.3066

SPIELBERGER STATE SCORE

GPF = 1. MEAN RANK	NUMBER	GPF = 2. MEAN RANK	NUMBER
34.00	32	47.73	52

U	W	CORRECTED FOR TIES Z	2-TAILED P
560.0	1088.0	-2.5079	.0121

WHITELEY INDEX

GPF =	1.	GPF =	2.
MEAN RANK	NUMBER	MEAN RANK	NUMBER
41.47	33	50.76	61

		CORRECTED FOR TIES	
U	W	Z	2-TAILED P
807.5	1368.5	-1.5946	.1108

DISCRIMINANT FUNCTION

GPF =	1.	GPF =	2.
MEAN RANK	NUMBER	MEAN RANK	NUMBER
44.65	33	49.04	61

		CORRECTED FOR TIES	
U	W	Z	2-TAILED P
912.5	1473.5	-.7447	.4565

DISEASE AFFIRMATION

GPF =	1.	GPF =	2.
MEAN RANK	NUMBER	MEAN RANK	NUMBER
44.26	33	49.25	61

		CORRECTED FOR TIES	
U	W	Z	2-TAILED P
899.5	1460.5	-.8596	.3900

AFFECTIVE STATE

GPF =	1.	GPF =	2.
MEAN RANK	NUMBER	MEAN RANK	NUMBER
42.97	33	49.95	61

		CORRECTED FOR TIES	
U	W	Z	2-TAILED P
857.0	1418.0	-1.1905	.2338

GENERAL HYPOCHONDRIASIS

GPF =	1.	GPF =	2.
MEAN RANK	NUMBER	MEAN RANK	NUMBER
47.14	33	47.70	61

		CORRECTED FOR TIES	
U	W	Z	2-TAILED P
994.5	1555.5	-.0989	.9212

DISEASE CONVICTION

GPF = 1. MEAN RANK	NUMBER	GPF = 2. MEAN RANK	NUMBER
43.20	33	49.83	61

U	W	CORRECTED FOR TIES Z	2-TAILED P
864.5	1425.5	-1.1533	.2488

PSYCHOLOGICAL V SOMATIC FOCUSING

GPF = 1. MEAN RANK	NUMBER	GPF = 2. MEAN RANK	NUMBER
49.59	33	46.37	61

U	W	CORRECTED FOR TIES Z	2-TAILED P
937.5	1636.5	.5890	.5559

AFFECTIVE INHIBITION

GPF = 1. MEAN RANK	NUMBER	GPF = 2. MEAN RANK	NUMBER
42.92	33	49.98	61

U	W	CORRECTED FOR TIES Z	2-TAILED P
855.5	1416.5	-1.2153	.2243

AFFECTIVE DISTURBANCE

GPF = 1. MEAN RANK	NUMBER	GPF = 2. MEAN RANK	NUMBER
39.64	33	51.75	61

U	W	CORRECTED FOR TIES Z	2-TAILED P
747.0	1308.0	-2.0931	.0363

DENIAL

GPF =	1.	GPF =	2.
MEAN RANK	NUMBER	MEAN RANK	NUMBER
48.61	33	46.90	51

CORRECTED FOR TIES

U	W	Z	2-TAILED P
970.0	1604.0	.2951	.7679

IRRITABILITY

GPF =	1.	GPF =	2.
MEAN RANK	NUMBER	MEAN RANK	NUMBER
51.24	33	45.48	51

CORRECTED FOR TIES

U	W	Z	2-TAILED P
333.0	1691.0	.9991	.3177

APPENDIX V

PART B

SECTION 2

This section describes statistical analysis between the groups associated with TMJ Dysfunction.

The groups were:

1. All female, public patients who had either:
   (a) TMJ Dysfunction (Group 1), or
   (b) Dental pain (i.e. control) (Group 2).

2. All patients (public and private, male and female) who were either:
   (a) Less than 40 years of age and had TMJ Dysfunction (Group 1) or
   (b) were over 40 years of age and had TMJ Dysfunction (Group 2).

3. All patients (public, private, male and female) who were less than 40 years of age and had either:
   (a) TMJ Dysfunction (Group 1) or
   (b) Dental pain (i.e. controls) (Group 2).

4. All patients (public, private, male and female) who were more than 40 years of age and had either:
   (a) TMJ Dysfunction (Group 1) or
   (b) Dental pain (i.e. controls) (Group 2.)

5. All patients (public, private, male and female) who had either:
   (a) TMJ Dysfunction (Group 1)or
   (b) Dental pain (i.e. controls) (Group 2).

6. All patients (public, private, male and female) who suffered from TMJ Dysfunction but who differed in that they had either:

   (a) Radiographic Index of 0 (Group 1) or

   (b) Radiographic Index of I or II (Group 2).

7. All patients (public, private, male and female) who suffered from TMJ Dysfunction but who differed in that they had either:

   (a) Teeth Index of II (Group 1) or

   (b) Teeth Index of 0 or I (Group 2).

8. All patients (public, private, male and female) who had a Teeth Index of II and who had either:

   (a) TMJ Dysfunction (Group 1), or

   (b) Dental pain (i.e. controls) (Group 2).

9. All patients (public, private, male and female) who had a Teeth Index of 0 or I and who had either:

   (a) TMJ Dysfunction (Group 1), or

   (b) Dental pain (i.e. controls) (Group 2).

10. All patients (public, private, male and female) who suffered from TMJ Dysfunction but who differed in that they had either:

   (a) Tooth Contacts greater than or equal to 20 (Group 1), or

   (b) Tooth Contacts less than 20 (Group 2).

APPENDIX V

PART B

SECTION 2
(Pages B.2.1. to B.2.17)

1. This section describes statistical analysis between two groups who were all female, public hospital patients who had either:
   (a) TMJ Dysfunction (Group 1), or
   (b) Dental pain and acted as controls (Group 2).

T-TEST

VARIABLE	NUMBER OF CASES	MEAN	STANDARD DEVIATION	STANDARD ERROR
AGE				
GROUP 1	61	44.8852	21.643	2.771
GROUP 2	35	37.5429	17.784	3.006

		POOLED VARIANCE ESTIMATE			SEPARATE VARIANCE ESTIMATE		
F VALUE	2-TAIL PROB.	T VALUE	DEGREES OF FREEDOM	2-TAIL PROB.	T VALUE	DEGREES OF FREEDOM	2-TAIL PROB.
1.48	.216	1.70	94	.092	1.80	82.56	.076

VARIABLE	NUMBER OF CASES	MEAN	STANDARD DEVIATION	STANDARD ERROR
ANAMNESTIC INDEX				
GROUP 1	61	1.9672	.256	.033
GROUP 2	35	.8000	.994	.168

		POOLED VARIANCE ESTIMATE			SEPARATE VARIANCE ESTIMATE		
F VALUE	2-TAIL PROB.	T VALUE	DEGREES OF FREEDOM	2-TAIL PROB.	T VALUE	DEGREES OF FREEDOM	2-TAIL PROB.
15.07	.000	8.71	94	.000	6.82	36.61	.000

VARIABLE	NUMBER OF CASES	MEAN	STANDARD DEVIATION	STANDARD ERROR
CLINICAL INDEX				
GROUP 1	61	1.3607	.517	.066
GROUP 2	28	.6429	.488	.092

		POOLED VARIANCE ESTIMATE			SEPARATE VARIANCE ESTIMATE		
F VALUE	2-TAIL PROB.	T VALUE	DEGREES OF FREEDOM	2-TAIL PROB.	T VALUE	DEGREES OF FREEDOM	2-TAIL PROB.
1.12	.755	6.18	87	.000	6.32	55.42	.000

VARIABLE	NUMBER OF CASES	MEAN	STANDARD DEVIATION	STANDARD ERROR
MUSCLE INDEX				
GROUP 1	61	1.4754	.622	.080
GROUP 2	28	.2857	.460	.087

		POOLED VARIANCE ESTIMATE			SEPARATE VARIANCE ESTIMATE		
F VALUE	2-TAIL PROB.	T VALUE	DEGREES OF FREEDOM	2-TAIL PROB.	T VALUE	DEGREES OF FREEDOM	2-TAIL PROB.
1.83	.097	9.04	87	.000	10.09	69.35	.000

VARIABLE	NUMBER OF CASES	MEAN	STANDARD DEVIATION	STANDARD ERROR
TMJ INDEX				
GROUP 1	61	1.3607	.659	.084
GROUP 2	28	.4643	.576	.109

		POOLED VARIANCE ESTIMATE			SEPARATE VARIANCE ESTIMATE		
F VALUE	2-TAIL PROB.	T VALUE	DEGREES OF FREEDOM	2-TAIL PROB.	T VALUE	DEGREES OF FREEDOM	2-TAIL PROB.
1.31	.448	6.19	87	.000	6.51	59.51	.000

VARIABLE	NUMBER OF CASES	MEAN	STANDARD DEVIATION	STANDARD ERROR
PAIN DURATION				
GROUP 1	51	12.1569	16.330	2.237
GROUP 2	5	4.0000	5.050	2.258

		POOLED VARIANCE ESTIMATE			SEPARATE VARIANCE ESTIMATE		
F VALUE	2-TAIL PROB.	T VALUE	DEGREES OF FREEDOM	2-TAIL PROB.	T VALUE	DEGREES OF FREEDOM	2-TAIL PROB.
10.46	.033	1.10	54	.275	2.54	15.13	.023

VARIABLE	NUMBER OF CASES	MEAN	STANDARD DEVIATION	STANDARD ERROR
NUMBER OF NATURAL TEETH				
GROUP 1	61	16.1639	12.036	1.541
GROUP 2	29	23.4483	7.890	1.465

		POOLED VARIANCE ESTIMATE			SEPARATE VARIANCE ESTIMATE		
F VALUE	2-TAIL PROB.	T VALUE	DEGREES OF FREEDOM	2-TAIL PROB.	T VALUE	DEGREES OF FREEDOM	2-TAIL PROB.
2.33	.016	-2.97	88	.004	-3.43	79.07	.001

VARIABLE	NUMBER OF CASES	MEAN	STANDARD DEVIATION	STANDARD ERROR
TEETH INDEX				
GROUP 1	61	1.2295	.883	.113
GROUP 2	29	1.8276	.384	.071

		POOLED VARIANCE ESTIMATE			SEPARATE VARIANCE ESTIMATE		
F VALUE	2-TAIL PROB.	T VALUE	DEGREES OF FREEDOM	2-TAIL PROB.	T VALUE	DEGREES OF FREEDOM	2-TAIL PROB.
5.28	.000	-3.49	88	.001	-4.47	87.56	.000

VARIABLE	NUMBER OF CASES	MEAN	STANDARD DEVIATION	STANDARD ERROR
CONTACTS				
GROUP 1	61	23.4754	7.386	.946
GROUP 2	29	23.5172	6.817	1.266

		POOLED VARIANCE ESTIMATE			SEPARATE VARIANCE ESTIMATE		
F VALUE	2-TAIL PROB.	T VALUE	DEGREES OF FREEDOM	2-TAIL PROB.	T VALUE	DEGREES OF FREEDOM	2-TAIL PROB.
1.17	.654	-.03	88	.980	-.03	59.35	.979

VARIABLE	NUMBER OF CASES	MEAN	STANDARD DEVIATION	STANDARD ERROR
TREATMENT TIME				
GROUP 1	46	2.2826	1.615	.238
GROUP 2	1	1.0000	0	0

F VALUE	2-TAIL PROB.	POOLED VARIANCE ESTIMATE T VALUE	DEGREES OF FREEDOM	2-TAIL PROB.	SEPARATE VARIANCE ESTIMATE T VALUE	DEGREES OF FREEDOM	2-TAIL PROB.
0	1.000	.79	45	.436	5.39	45.00	.000

VARIABLE	NUMBER OF CASES	MEAN	STANDARD DEVIATION	STANDARD ERROR
TIME ELAPSED				
GROUP 1	45	7.9333	2.856	.426
GROUP 2	1	7.0000	0	0

F VALUE	2-TAIL PROB.	POOLED VARIANCE ESTIMATE T VALUE	DEGREES OF FREEDOM	2-TAIL PROB.	SEPARATE VARIANCE ESTIMATE T VALUE	DEGREES OF FREEDOM	2-TAIL PROB.
0	1.000	.32	44	.748	2.19	44.00	.034

VARIABLE	NUMBER OF CASES	MEAN	STANDARD DEVIATION	STANDARD ERROR
GENERAL HYPOCHONDRIASIS				
GROUP 1	61	1.4918	1.767	.226
GROUP 2	35	1.3429	1.846	.312

F VALUE	2-TAIL PROB.	POOLED VARIANCE ESTIMATE T VALUE	DEGREES OF FREEDOM	2-TAIL PROB.	SEPARATE VARIANCE ESTIMATE T VALUE	DEGREES OF FREEDOM	2-TAIL PROB.
1.09	.750	.39	94	.697	.39	68.41	.700

VARIABLE	NUMBER OF CASES	MEAN	STANDARD DEVIATION	STANDARD ERROR
DISEASE CONVICTION				
GROUP 1	61	2.0984	1.535	.197
GROUP 2	35	1.1714	1.014	.171

		POOLED VARIANCE ESTIMATE			SEPARATE VARIANCE ESTIMATE		
F VALUE	2-TAIL PROB.	T VALUE	DEGREES OF FREEDOM	2-TAIL PROB.	T VALUE	DEGREES OF FREEDOM	2-TAIL PROB.
2.29	.011	3.19	94	.002	3.55	92.03	.001

VARIABLE	NUMBER OF CASES	MEAN	STANDARD DEVIATION	STANDARD ERROR
PSYCHOLOGICAL V SOMATIC FOCUSING				
GROUP 1	61	1.6393	.984	.126
GROUP 2	35	2.0286	.707	.119

		POOLED VARIANCE ESTIMATE			SEPARATE VARIANCE ESTIMATE		
F VALUE	2-TAIL PROB.	T VALUE	DEGREES OF FREEDOM	2-TAIL PROB.	T VALUE	DEGREES OF FREEDOM	2-TAIL PROB.
1.94	.039	-2.05	94	.043	-2.24	89.18	.027

VARIABLE	NUMBER OF CASES	MEAN	STANDARD DEVIATION	STANDARD ERROR
AFFECTIVE INHIBITION				
GROUP 1	61	2.5082	1.670	.214
GROUP 2	35	2.1429	1.665	.281

		POOLED VARIANCE ESTIMATE			SEPARATE VARIANCE ESTIMATE		
F VALUE	2-TAIL PROB.	T VALUE	DEGREES OF FREEDOM	2-TAIL PROB.	T VALUE	DEGREES OF FREEDOM	2-TAIL PROB.
1.01	1.000	1.03	94	.304	1.03	71.12	.305

VARIABLE	NUMBER OF CASES	MEAN	STANDARD DEVIATION	STANDARD ERROR
AFFECTIVE DISTURBANCE				
GROUP 1	61	2.5902	1.616	.207
GROUP 2	35	1.5714	1.665	.282

		POOLED VARIANCE ESTIMATE			SEPARATE VARIANCE ESTIMATE		
F VALUE	2-TAIL PROB.	T VALUE	DEGREES OF FREEDOM	2-TAIL PROB.	T VALUE	DEGREES OF FREEDOM	2-TAIL PROB.
1.06	.815	2.94	94	.004	2.91	69.14	.005

VARIABLE	NUMBER OF CASES	MEAN	STANDARD DEVIATION	STANDARD ERROR
DENIAL				
GROUP 1	61	3.0492	1.736	.222
GROUP 2	35	2.9143	1.541	.260

		POOLED VARIANCE ESTIMATE			SEPARATE VARIANCE ESTIMATE		
F VALUE	2-TAIL PROB.	T VALUE	DEGREES OF FREEDOM	2-TAIL PROB.	T VALUE	DEGREES OF FREEDOM	2-TAIL PROB.
1.27	.457	.38	94	.704	.39	78.09	.695

VARIABLE	NUMBER OF CASES	MEAN	STANDARD DEVIATION	STANDARD ERROR
IRRITABILITY				
GROUP 1	61	1.8852	1.694	.217
GROUP 2	35	1.8286	1.524	.258

		POOLED VARIANCE ESTIMATE			SEPARATE VARIANCE ESTIMATE		
F VALUE	2-TAIL PROB.	T VALUE	DEGREES OF FREEDOM	2-TAIL PROB.	T VALUE	DEGREES OF FREEDOM	2-TAIL PROB.
1.24	.511	.16	94	.370	.17	77.29	.867

VARIABLE	NUMBER OF CASES	MEAN	STANDARD DEVIATION	STANDARD ERROR
AFFECTIVE STATE				
GROUP 1	61	5.9672	3.516	.450
GROUP 2	35	4.7429	4.224	.714

		POOLED VARIANCE ESTIMATE			SEPARATE VARIANCE ESTIMATE		
F VALUE	2-TAIL PROB.	T VALUE	DEGREES OF FREEDOM	2-TAIL PROB.	T VALUE	DEGREES OF FREEDOM	2-TAIL PROB.
1.44	.212	1.52	94	.131	1.45	60.95	.152

VARIABLE	NUMBER OF CASES	MEAN	STANDARD DEVIATION	STANDARD ERROR
DISEASE AFFIRMATION				
GROUP 1	61	5.4590	2.078	.266
GROUP 2	35	4.1429	1.192	.201

		POOLED VARIANCE ESTIMATE			SEPARATE VARIANCE ESTIMATE		
F VALUE	2-TAIL PROB.	T VALUE	DEGREES OF FREEDOM	2-TAIL PROB.	T VALUE	DEGREES OF FREEDOM	2-TAIL PROB.
3.04	.001	3.43	94	.001	3.94	94.00	.000

VARIABLE	NUMBER OF CASES	MEAN	STANDARD DEVIATION	STANDARD ERROR
DISCRIMINANT FUNCTION				
GROUP 1	61	54.8525	16.066	2.057
GROUP 2	35	45.4943	9.810	1.658

		POOLED VARIANCE ESTIMATE			SEPARATE VARIANCE ESTIMATE		
F VALUE	2-TAIL PROB.	T VALUE	DEGREES OF FREEDOM	2-TAIL PROB.	T VALUE	DEGREES OF FREEDOM	2-TAIL PROB.
2.68	.003	3.12	94	.002	3.54	93.58	.001

VARIABLE	NUMBER OF CASES	MEAN	STANDARD DEVIATION	STANDARD ERROR
WHITELEY INDEX				
GROUP 1	61	3.4098	2.716	.348
GROUP 2	35	2.1714	1.963	.332

		POOLED VARIANCE ESTIMATE			SEPARATE VARIANCE ESTIMATE		
F VALUE	2-TAIL PROB.	T VALUE	DEGREES OF FREEDOM	2-TAIL PROB.	T VALUE	DEGREES OF FREEDOM	2-TAIL PROB.
1.92	.043	2.36	94	.020	2.58	88.93	.012

VARIABLE	NUMBER OF CASES	MEAN	STANDARD DEVIATION	STANDARD ERROR
SPIELBERGER STATE SCORE				
GROUP 1	52	40.5000	11.663	1.617
GROUP 2	32	39.2188	13.151	2.325

		POOLED VARIANCE ESTIMATE			SEPARATE VARIANCE ESTIMATE		
F VALUE	2-TAIL PROB.	T VALUE	DEGREES OF FREEDOM	2-TAIL PROB.	T VALUE	DEGREES OF FREEDOM	2-TAIL PROB.
1.27	.439	.47	82	.643	.45	59.76	.653

VARIABLE	NUMBER OF CASES	MEAN	STANDARD DEVIATION	STANDARD ERROR
SPIELBERGER TRAIT SCORE				
GROUP 1	52	40.5962	11.243	1.559
GROUP 2	31	37.9677	10.641	1.911

		POOLED VARIANCE ESTIMATE			SEPARATE VARIANCE ESTIMATE		
F VALUE	2-TAIL PROB.	T VALUE	DEGREES OF FREEDOM	2-TAIL PROB.	T VALUE	DEGREES OF FREEDOM	2-TAIL PROB.
1.12	.760	1.05	81	.296	1.07	66.02	.290

VARIABLE	NUMBER OF CASES	MEAN	STANDARD DEVIATION	STANDARD ERROR
ZUNG DEPRESSION SCORE				
GROUP 1	42	40.0476	9.425	1.454
GROUP 2	30	36.3000	11.225	2.049

		POOLED VARIANCE ESTIMATE			SEPARATE VARIANCE ESTIMATE		
F VALUE	2-TAIL PROB.	T VALUE	DEGREES OF FREEDOM	2-TAIL PROB.	T VALUE	DEGREES OF FREEDOM	2-TAIL PROB.
1.42	.299	1.54	70	.129	1.49	55.59	.141

VARIABLE	NUMBER OF CASES	MEAN	STANDARD DEVIATION	STANDARD ERROR
LIFE EVENTS				
GROUP 1	60	331.5667	351.007	45.315
GROUP 2	35	335.9143	243.699	41.193

		POOLED VARIANCE ESTIMATE			SEPARATE VARIANCE ESTIMATE		
F VALUE	2-TAIL PROB.	T VALUE	DEGREES OF FREEDOM	2-TAIL PROB.	T VALUE	DEGREES OF FREEDOM	2-TAIL PROB.
2.07	.024	.68	93	.496	.75	90.07	.455

VARIABLE	NUMBER OF CASES	MEAN	STANDARD DEVIATION	STANDARD ERROR
SERIOUS EVENTS				
GROUP 1	60	279.5000	280.617	36.228
GROUP 2	35	231.3429	190.572	32.213

		POOLED VARIANCE ESTIMATE			SEPARATE VARIANCE ESTIMATE		
F VALUE	2-TAIL PROB.	T VALUE	DEGREES OF FREEDOM	2-TAIL PROB.	T VALUE	DEGREES OF FREEDOM	2-TAIL PROB.
2.17	.017	.90	93	.370	.99	90.74	.323

CHI SQUARE TEST

SEXUAL PROBLEMS

COUNT ROW PCT COL PCT TOT PCT	7.	9.	ROW TOTAL
1.	44 73.3 60.3 46.3	16 26.7 72.7 16.8	60 63.2
2.	29 82.9 39.7 30.5	6 17.1 27.3 6.3	35 36.8
COLUMN TOTAL	73 76.8	22 23.2	95 100.0

CORRECTED CHI SQ = .65509 1 D.F., SIG. = .4183
RAW CHI SQ = 1.12673 1 D.F., SIG. = .2885

MISSING OBSERVATIONS - 1

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RADIOGRAPHIC INDEX

COUNT ROW PCT COL PCT TOT PCT	0	1.	2.	ROW TOTAL
1.	13 26.5 72.2 20.0	8 16.3 66.7 12.3	28 57.1 80.0 43.1	49 75.4
2.	5 31.3 27.8 7.7	4 25.0 33.3 6.2	7 43.8 20.0 10.8	16 24.6
COLUMN TOTAL	18 27.7	12 18.5	35 53.8	65 100.0

RAW CHI SQ = .99029 WITH 2 D.F., SIG. = .6095

MISSING OBSERVATIONS - 31

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MUSCLE INDEX

COUNT ROW PCT COL PCT TOT PCT	0	1.	2.	ROW TOTAL
1.	4 6.6 16.7 4.5	24 39.3 75.0 27.0	33 54.1 100.0 37.1	61 68.5
2.	20 71.4 83.3 22.5	8 28.6 25.0 9.0	0 0 0 0	28 31.5
COLUMN TOTAL	24 27.0	32 36.0	33 37.1	89 100.0

RAW CHI SQ = 45.71585 WITH 2 D.F., SIG. = .0000

MISSING OBSERVATIONS - 7

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TMJ INDEX

COUNT ROW PCT COL PCT TOT PCT	0	1.	2.	ROW TOTAL
1.	6 9.8 27.3 6.7	27 44.3 71.1 30.3	28 45.9 96.6 31.5	61 68.5
2.	16 57.1 72.7 18.0	11 39.3 28.9 12.4	1 3.6 3.4 1.1	28 31.5
COLUMN TOTAL	22 24.7	38 42.7	29 32.6	89 100.0

RAW CHI SQ = 28.03917 WITH 2 D.F., SIG. = .0000

MISSING OBSERVATIONS - 7

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TEETH

COUNT ROW PCT COL PCT TOT PCT	0	1.	2.	ROW TOTAL
1.	18 29.5 100.0 20.0	11 18.0 68.8 12.2	32 52.5 57.1 35.6	61 67.8
2.	0 0 0 0	5 17.2 31.3 5.6	24 82.8 42.9 26.7	29 32.2
COLUMN TOTAL	18 20.0	16 17.8	56 62.2	90 100.0

RAW CHI SQ = 11.46441 WITH 2 D.F., SIG. = .0032

MISSING OBSERVATIONS - 6

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CLINICAL INDEX

COUNT ROW PCT COL PCT TOT PCT	0	1.	2.	ROW TOTAL
1.	1 1.6 9.1 1.1	37 60.7 67.3 41.6	23 37.7 100.0 25.8	61 68.5
2.	10 35.7 90.9 11.2	18 64.3 32.7 20.2	0 0 0 0	28 31.5
COLUMN TOTAL	11 12.4	55 61.8	23 25.8	89 100.0

RAW CHI SQ = 28.62704 WITH 2 D.F., SIG. = .0000

MISSING OBSERVATIONS - 7

ANAMNESTIC INDEX

COUNT ROW PCT COL PCT TOT PCT	0	2.	ROW TOTAL
1.	1 1.6 4.5 1.0	60 98.4 81.1 62.5	61 63.5
2.	21 60.0 95.5 21.9	14 40.0 18.9 14.6	35 36.5
COLUMN TOTAL	22 22.9	74 77.1	96 100.0

CORRECTED CHI SQ = 39.63990 1 D.F., SIG. = .0000
RAW CHI SQ = 42.83003 1 D.F., SIG. = .0000

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COUNTRY

COUNT ROW PCT COL PCT TOT PCT	1.	2.	3.	4.	6.	ROW TOTAL
1.	36 59.0 60.0 37.5	14 23.0 87.5 14.6	1 1.6 50.0 1.0	1 1.6 100.0 1.0	9 14.8 52.9 9.4	61 63.5
2.	24 68.6 40.0 25.0	2 5.7 12.5 2.1	1 2.9 50.0 1.0	0 0 0 0	8 22.9 47.1 8.3	35 36.5
COLUMN TOTAL	60 62.5	16 16.7	2 2.1	1 1.0	17 17.7	96 100.0

RAW CHI SQ = 5.84596 WITH 4 D.F., SIG. = .2110

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TOTAL TEETH INDEX

COUNT ROW PCT COL PCT TOT PCT	1.	2.	ROW TOTAL
1.	2 3.3 66.7 2.2	59 96.7 67.8 65.6	61 67.8
2.	1 3.4 33.3 1.1	28 96.6 32.2 31.1	29 32.2
COLUMN TOTAL	3 3.3	87 96.7	90 100.0

CORRECTED CHI SQ = 0 1 D.F., SIG. = 1.0000
RAW CHI SQ = .00175 1 D.F., SIG. = .9666

MISSING OBSERVATIONS - 6

OCCUPATION

COUNT / ROW PCT / COL PCT / TOT PCT	1.	2.	3.	5.	6.	ROW TOTAL
1.	4	25	2	0	0	61
	6.6	41.0	3.3	0	0	63.5
	57.1	64.1	50.0	0	0	
	4.2	26.0	2.1	0	0	
2.	3	14	2	2	2	35
	8.6	40.0	5.7	5.7	5.7	36.5
	42.9	35.9	50.0	100.0	100.0	
	3.1	14.6	2.1	2.1	2.1	
COLUMN TOTAL	7	39	4	2	2	96
	7.3	40.6	4.2	2.1	2.1	100.0

OCCUPATION

COUNT / ROW PCT / COL PCT / TOT PCT	7.	8.	9.	ROW TOTAL
1.	10	9	11	61
	16.4	14.8	18.0	63.5
	100.0	64.3	61.1	
	10.4	9.4	11.5	
2.	0	5	7	35
	0	14.3	20.0	36.5
	0	35.7	38.9	
	0	5.2	7.3	
COLUMN TOTAL	10	14	18	96
	10.4	14.6	18.8	100.0

RAW CHI SQ = 13.20403 WITH 7 D.F., SIG. = .0673

CURE

COUNT / ROW PCT / COL PCT / TOT PCT	0	1.	ROW TOTAL
1.	22	21	43
	51.2	48.8	97.7
	95.7	100.0	
	50.0	47.7	
2.	1	0	1
	100.0	0	2.3
	4.3	0	
	2.3	0	
COLUMN TOTAL	23	21	44
	52.3	47.7	100.0

CORRECTED CHI SQ = 0 1 D.F., SIG. = 1.0000

RAW CHI SQ = .93428 1 D.F., SIG. = .3338

MISSING OBSERVATIONS - 52

MANN WHITNEY U TEST

SERIOUS EVENTS

GROUP	=	1.	GROUP	=	2.
MEAN RANK		NUMBER	MEAN RANK		NUMBER
48.61		60	46.96		35

U	W	CORRECTED FOR TIES Z	2-TAILED P
1013.5	1643.5	.2822	.7778

LIFE EVENTS

GROUP	=	1.	GROUP	=	2.
MEAN RANK		NUMBER	MEAN RANK		NUMBER
48.18		60	47.69		35

U	W	CORRECTED FOR TIES Z	2-TAILED P
1039.0	1669.0	.0849	.9323

ZUNG DEPRESSION SCORE

GROUP	=	1.	GROUP	=	2.
MEAN RANK		NUMBER	MEAN RANK		NUMBER
40.27		42	31.22		30

U	W	CORRECTED FOR TIES Z	2-TAILED P
471.5	936.5	1.8118	.0700

SPIELBERGER TRAIT SCORE

GROUP	=	1.	GROUP	=	2.
MEAN RANK		NUMBER	MEAN RANK		NUMBER
44.58		52	37.68		31

U	W	CORRECTED FOR TIES Z	2-TAILED P
672.0	1168.0	1.2624	.2068

SPIELBERGER STATE SCORE

GROUP	=	1.	GROUP	=	2.
MEAN RANK		NUMBER	MEAN RANK		NUMBER
43.72		52	40.52		32

		CORRECTED FOR TIES	
U	W	Z	2-TAILED P
768.5	1296.5	.5854	.5583

WHITELEY INDEX

GROUP	=	1.	GROUP	=	2.
MEAN RANK		NUMBER	MEAN RANK		NUMBER
53.43		61	39.91		35

		CORRECTED FOR TIES	
U	W	Z	2-TAILED P
767.0	1397.0	2.3168	.0205

DISCRIMINANT FUNCTION

GROUP	=	1.	GROUP	=	2.
MEAN RANK		NUMBER	MEAN RANK		NUMBER
54.75		61	37.61		35

		CORRECTED FOR TIES	
U	W	Z	2-TAILED P
686.5	1316.5	2.9005	.0037

DISEASE AFFIRMATION

GROUP	=	1.	GROUP	=	2.
MEAN RANK		NUMBER	MEAN RANK		NUMBER
55.16		61	36.89		35

		CORRECTED FOR TIES	
U	W	Z	2-TAILED P
661.0	1291.0	3.1614	.0016

AFFECTIVE STATE

GROUP	=	1.	GROUP	=	2.
MEAN RANK		NUMBER	MEAN RANK		NUMBER
52.88		61	40.87		35

		CORRECTED FOR TIES	
U	W	Z	2-TAILED P
800.5	1430.5	2.0418	.0412

GENERAL HYPOCHONDRIASIS

```
GROUP          =          1.      GROUP          =          2.
MEAN RANK           NUMBER        MEAN RANK           NUMBER
   50.25                61           45.46                35

                                    CORRECTED FOR TIES
    U                   W            Z          2-TAILED P
  961.0             1591.0         .8488          .3960
```

DISEASE CONVICTION

```
GROUP          =          1.      GROUP          =          2.
MEAN RANK           NUMBER        MEAN RANK           NUMBER
   54.75                61           37.61                35

                                    CORRECTED FOR TIES
    U                   W            Z          2-TAILED P
  686.5             1316.5        2.9838          .0028
```

PSYCHOLOGICAL V SOMATIC FOCUSING

```
GROUP          =          1.      GROUP          =          2.
MEAN RANK           NUMBER        MEAN RANK           NUMBER
   44.58                61           55.33                35

                                    CORRECTED FOR TIES
    U                   W            Z          2-TAILED P
  828.5             1936.5       -1.9713          .0487
```

AFFECTIVE INHIBITION

```
GROUP          =          1.      GROUP          =          2.
MEAN RANK           NUMBER        MEAN RANK           NUMBER
   50.70                61           44.66                35

                                    CORRECTED FOR TIES
    U                   W            Z          2-TAILED P
  933.0             1563.0        1.0406          .2980
```

AFFECTIVE DISTURBANCE

```
GROUP          =          1.      GROUP          =          2.
MEAN RANK           NUMBER        MEAN RANK           NUMBER
   54.39                61           38.24                35

                                    CORRECTED FOR TIES
    U                   W            Z          2-TAILED P
  708.5             1338.5        2.7877          .0053
```

DENIAL

GROUP = 1.		GROUP = 2.	
MEAN RANK	NUMBER	MEAN RANK	NUMBER
49.68	61	46.44	35

		CORRECTED FOR TIES	
U	W	Z	2-TAILED P
995.5	1625.5	.5532	.5767

IRRITABILITY

GROUP = 1.		GROUP = 2.	
MEAN RANK	NUMBER	MEAN RANK	NUMBER
48.49	61	48.51	35

		CORRECTED FOR TIES	
U	W	Z	2-TAILED P
1067.0	1698.0	-.0039	.9969

A P P E N D I X   V

PART B

SECTION 2

(Pages B.2.18 to B.2.35).

2. This section describes statistical analysis between two groups who were made up of all patients in the study (i.e. public and private, male and female) who suffered from TMJ Dysfunction.

They were either:

(a) Less than 40 years of age (Group 1), or

(b) More than 40 years of age (Group 2).

T-TEST

VARIABLE	NUMBER OF CASES	MEAN	STANDARD DEVIATION	STANDARD ERROR
AGE				
GROUP 1	61	25.7377	7.679	.983
GROUP 2	42	61.4286	10.502	1.621

		POOLED VARIANCE ESTIMATE			SEPARATE VARIANCE ESTIMATE		
F VALUE	2-TAIL PROB.	T VALUE	DEGREES OF FREEDOM	2-TAIL PROB.	T VALUE	DEGREES OF FREEDOM	2-TAIL PROB.
1.87	.027	-19.93	101	.000	-18.83	70.23	.000

VARIABLE	NUMBER OF CASES	MEAN	STANDARD DEVIATION	STANDARD ERROR
ANAMNESTIC INDEX				
GROUP 1	61	1.9344	.359	.046
GROUP 2	42	2.0000	0	0

		POOLED VARIANCE ESTIMATE			SEPARATE VARIANCE ESTIMATE		
F VALUE	2-TAIL PROB.	T VALUE	DEGREES OF FREEDOM	2-TAIL PROB.	T VALUE	DEGREES OF FREEDOM	2-TAIL PROB.
0	1.000	-1.18	101	.240	-1.43	60.00	.159

VARIABLE	NUMBER OF CASES	MEAN	STANDARD DEVIATION	STANDARD ERROR
CLINICAL INDEX				
GROUP 1	61	1.4754	.504	.064
GROUP 2	42	1.3095	.517	.080

		POOLED VARIANCE ESTIMATE			SEPARATE VARIANCE ESTIMATE		
F VALUE	2-TAIL PROB.	T VALUE	DEGREES OF FREEDOM	2-TAIL PROB.	T VALUE	DEGREES OF FREEDOM	2-TAIL PROB.
1.06	.836	1.62	101	.107	1.62	86.71	.110

VARIABLE	NUMBER OF CASES	MEAN	STANDARD DEVIATION	STANDARD ERROR
MUSCLE INDEX				
GROUP 1	61	1.5246	.622	.080
GROUP 2	42	1.4048	.665	.103

		POOLED VARIANCE ESTIMATE			SEPARATE VARIANCE ESTIMATE		
F VALUE	2-TAIL PROB.	T VALUE	DEGREES OF FREEDOM	2-TAIL PROB.	T VALUE	DEGREES OF FREEDOM	2-TAIL PROB.
1.14	.630	.93	101	.352	.92	84.38	.359

VARIABLE	NUMBER OF CASES	MEAN	STANDARD DEVIATION	STANDARD ERROR
TMJ INDEX				
GROUP 1	61	1.5574	.592	.076
GROUP 2	42	1.2857	.636	.098

		POOLED VARIANCE ESTIMATE			SEPARATE VARIANCE ESTIMATE		
F VALUE	2-TAIL PROB.	T VALUE	DEGREES OF FREEDOM	2-TAIL PROB.	T VALUE	DEGREES OF FREEDOM	2-TAIL PROB.
1.15	.609	2.22	101	.029	2.19	84.12	.031

VARIABLE	NUMBER OF CASES	MEAN	STANDARD DEVIATION	STANDARD ERROR
PAIN DURATION				
GROUP 1	47	10.5106	16.036	2.339
GROUP 2	35	17.5714	21.511	3.636

		POOLED VARIANCE ESTIMATE			SEPARATE VARIANCE ESTIMATE		
F VALUE	2-TAIL PROB.	T VALUE	DEGREES OF FREEDOM	2-TAIL PROB.	T VALUE	DEGREES OF FREEDOM	2-TAIL PROB.
1.80	.064	-1.70	80	.092	-1.63	60.33	.108

VARIABLE	NUMBER OF CASES	MEAN	STANDARD DEVIATION	STANDARD ERROR
NUMBER OF NATURAL TEETH				
GROUP 1	59	26.2542	4.478	.583
GROUP 2	41	10.0488	11.079	1.730

		POOLED VARIANCE ESTIMATE			SEPARATE VARIANCE ESTIMATE		
F VALUE	2-TAIL PROB.	T VALUE	DEGREES OF FREEDOM	2-TAIL PROB.	T VALUE	DEGREES OF FREEDOM	2-TAIL PROB.
6.12	.000	10.12	98	.000	8.38	49.16	.000

VARIABLE	NUMBER OF CASES	MEAN	STANDARD DEVIATION	STANDARD ERROR
TEETH INDEX				
GROUP 1	59	1.9322	.314	.041
GROUP 2	41	.7305	.822	.128

		POOLED VARIANCE ESTIMATE			SEPARATE VARIANCE ESTIMATE		
F VALUE	2-TAIL PROB.	T VALUE	DEGREES OF FREEDOM	2-TAIL PROB.	T VALUE	DEGREES OF FREEDOM	2-TAIL PROB.
6.84	.000	9.80	98	.000	8.55	48.20	.000

VARIABLE	NUMBER OF CASES	MEAN	STANDARD DEVIATION	STANDARD ERROR
CONTACTS				
GROUP 1	59	25.8644	4.369	.569
GROUP 2	41	22.5122	8.286	1.294

		POOLED VARIANCE ESTIMATE			SEPARATE VARIANCE ESTIMATE		
F VALUE	2-TAIL PROB.	T VALUE	DEGREES OF FREEDOM	2-TAIL PROB.	T VALUE	DEGREES OF FREEDOM	2-TAIL PROB.
3.60	.000	2.63	98	.010	2.37	55.52	.021

VARIABLE	NUMBER OF CASES	MEAN	STANDARD DEVIATION	STANDARD ERROR
TREATMENT TIME				
GROUP 1	47	2.0213	1.437	.210
GROUP 2	35	2.0286	1.505	.254

		POOLED VARIANCE ESTIMATE			SEPARATE VARIANCE ESTIMATE		
F VALUE	2-TAIL PROB.	T VALUE	DEGREES OF FREEDOM	2-TAIL PROB.	T VALUE	DEGREES OF FREEDOM	2-TAIL PROB.
1.10	.762	-.02	80	.982	-.02	71.49	.982

VARIABLE	NUMBER OF CASES	MEAN	STANDARD DEVIATION	STANDARD ERROR
TIME ELAPSED				
GROUP 1	46	8.1087	2.452	.361
GROUP 2	35	7.8571	3.557	.601

		POOLED VARIANCE ESTIMATE			SEPARATE VARIANCE ESTIMATE		
F VALUE	2-TAIL PROB.	T VALUE	DEGREES OF FREEDOM	2-TAIL PROB.	T VALUE	DEGREES OF FREEDOM	2-TAIL PROB.
2.11	.020	.38	79	.708	.36	57.35	.721

VARIABLE	NUMBER OF CASES	MEAN	STANDARD DEVIATION	STANDARD ERROR
GENERAL HYPOCHONDRIASIS				
GROUP 1	61	1.3279	1.599	.205
GROUP 2	42	1.7143	1.865	.288

		POOLED VARIANCE ESTIMATE			SEPARATE VARIANCE ESTIMATE		
F VALUE	2-TAIL PROB.	T VALUE	DEGREES OF FREEDOM	2-TAIL PROB.	T VALUE	DEGREES OF FREEDOM	2-TAIL PROB.
1.36	.274	-1.13	101	.263	-1.09	79.16	.277

VARIABLE	NUMBER OF CASES	MEAN	STANDARD DEVIATION	STANDARD ERROR
DISEASE CONVICTION				
GROUP 1	61	1.8033	1.492	.191
GROUP 2	42	2.3095	1.506	.232

		POOLED VARIANCE ESTIMATE			SEPARATE VARIANCE ESTIMATE		
F VALUE	2-TAIL PROB.	T VALUE	DEGREES OF FREEDOM	2-TAIL PROB.	T VALUE	DEGREES OF FREEDOM	2-TAIL PROB.
1.02	.936	-1.69	101	.095	-1.68	87.77	.096

VARIABLE	NUMBER OF CASES	MEAN	STANDARD DEVIATION	STANDARD ERROR
PSYCHOLOGICAL V SOMATIC FOCUSING				
GROUP 1	61	1.8525	.891	.114
GROUP 2	42	1.3571	.879	.136

		POOLED VARIANCE ESTIMATE			SEPARATE VARIANCE ESTIMATE		
F VALUE	2-TAIL PROB.	T VALUE	DEGREES OF FREEDOM	2-TAIL PROB.	T VALUE	DEGREES OF FREEDOM	2-TAIL PROB.
1.03	.934	2.79	101	.006	2.80	89.12	.006

VARIABLE	NUMBER OF CASES	MEAN	STANDARD DEVIATION	STANDARD ERROR
AFFECTIVE INHIBITION				
GROUP 1	61	2.2131	1.694	.217
GROUP 2	42	2.5476	1.329	.205

		POOLED VARIANCE ESTIMATE			SEPARATE VARIANCE ESTIMATE		
F VALUE	2-TAIL PROB.	T VALUE	DEGREES OF FREEDOM	2-TAIL PROB.	T VALUE	DEGREES OF FREEDOM	2-TAIL PROB.
1.63	.102	-1.07	101	.286	-1.12	99.21	.265

VARIABLE	NUMBER OF CASES	MEAN	STANDARD DEVIATION	STANDARD ERROR
AFFECTIVE DISTURBANCE				
GROUP 1	61	1.8197	1.544	.198
GROUP 2	42	3.1190	1.418	.219

		POOLED VARIANCE ESTIMATE			SEPARATE VARIANCE ESTIMATE		
F VALUE	2-TAIL PROB.	T VALUE	DEGREES OF FREEDOM	2-TAIL PROB.	T VALUE	DEGREES OF FREEDOM	2-TAIL PROB.
1.19	.568	-4.34	101	.000	-4.41	92.95	.000

VARIABLE	NUMBER OF CASES	MEAN	STANDARD DEVIATION	STANDARD ERROR
DENIAL				
GROUP 1	61	2.9344	1.515	.194
GROUP 2	42	3.3810	1.724	.266

		POOLED VARIANCE ESTIMATE			SEPARATE VARIANCE ESTIMATE		
F VALUE	2-TAIL PROB.	T VALUE	DEGREES OF FREEDOM	2-TAIL PROB.	T VALUE	DEGREES OF FREEDOM	2-TAIL PROB.
1.30	.356	-1.39	101	.168	-1.36	80.61	.179

VARIABLE	NUMBER OF CASES	MEAN	STANDARD DEVIATION	STANDARD ERROR
IRRITABILITY				
GROUP 1	61	2.3770	1.614	.207
GROUP 2	42	1.5238	1.502	.232

		POOLED VARIANCE ESTIMATE			SEPARATE VARIANCE ESTIMATE		
F VALUE	2-TAIL PROB.	T VALUE	DEGREES OF FREEDOM	2-TAIL PROB.	T VALUE	DEGREES OF FREEDOM	2-TAIL PROB.
1.16	.631	2.71	101	.008	2.75	92.27	.007

VARIABLE	NUMBER OF CASES	MEAN	STANDARD DEVIATION	STANDARD ERROR
AFFECTIVE STATE				
GROUP 1	61	5.5246	3.709	.475
GROUP 2	42	6.3571	3.621	.559

		POOLED VARIANCE ESTIMATE			SEPARATE VARIANCE ESTIMATE		
F VALUE	2-TAIL PROB.	T VALUE	DEGREES OF FREEDOM	2-TAIL PROB.	T VALUE	DEGREES OF FREEDOM	2-TAIL PROB.
1.05	.883	-1.13	101	.261	-1.14	69.65	.259

VARIABLE	NUMBER OF CASES	MEAN	STANDARD DEVIATION	STANDARD ERROR
DISEASE AFFIRMATION				
GROUP 1	61	4.9508	1.978	.253
GROUP 2	42	5.9524	2.048	.316

		POOLED VARIANCE ESTIMATE			SEPARATE VARIANCE ESTIMATE		
F VALUE	2-TAIL PROB.	T VALUE	DEGREES OF FREEDOM	2-TAIL PROB.	T VALUE	DEGREES OF FREEDOM	2-TAIL PROB.
1.07	.797	-2.49	101	.014	-2.47	86.29	.015

VARIABLE	NUMBER OF CASES	MEAN	STANDARD DEVIATION	STANDARD ERROR
DISCRIMINANT FUNCTION				
GROUP 1	61	50.8984	14.674	1.879
GROUP 2	42	59.7071	15.902	2.454

		POOLED VARIANCE ESTIMATE			SEPARATE VARIANCE ESTIMATE		
F VALUE	2-TAIL PROB.	T VALUE	DEGREES OF FREEDOM	2-TAIL PROB.	T VALUE	DEGREES OF FREEDOM	2-TAIL PROB.
1.17	.563	-2.89	101	.005	-2.85	83.54	.005

VARIABLE	NUMBER OF CASES	MEAN	STANDARD DEVIATION	STANDARD ERROR
WHITELEY INDEX				
GROUP 1	61	3.0984	2.749	.352
GROUP 2	42	3.6429	3.122	.482

		POOLED VARIANCE ESTIMATE			SEPARATE VARIANCE ESTIMATE		
F VALUE	2-TAIL PROB.	T VALUE	DEGREES OF FREEDOM	2-TAIL PROB.	T VALUE	DEGREES OF FREEDOM	2-TAIL PROB.
1.29	.364	-.93	101	.352	-.91	80.73	.364

VARIABLE	NUMBER OF CASES	MEAN	STANDARD DEVIATION	STANDARD ERROR
SPIELBERGER STATE SCORE				
GROUP 1	59	37.7966	11.208	1.459
GROUP 2	33	40.6667	12.368	2.153

		POOLED VARIANCE ESTIMATE			SEPARATE VARIANCE ESTIMATE		
F VALUE	2-TAIL PROB.	T VALUE	DEGREES OF FREEDOM	2-TAIL PROB.	T VALUE	DEGREES OF FREEDOM	2-TAIL PROB.
1.22	.506	-1.13	90	.259	-1.10	61.04	.274

VARIABLE	NUMBER OF CASES	MEAN	STANDARD DEVIATION	STANDARD ERROR
SPIELBERGER TRAIT SCORE				
GROUP 1	57	39.3158	11.452	1.517
GROUP 2	34	40.5294	9.026	1.548

		POOLED VARIANCE ESTIMATE			SEPARATE VARIANCE ESTIMATE		
F VALUE	2-TAIL PROB.	T VALUE	DEGREES OF FREEDOM	2-TAIL PROB.	T VALUE	DEGREES OF FREEDOM	2-TAIL PROB.
1.61	.144	-.53	89	.599	-.56	82.16	.577

VARIABLE	NUMBER OF CASES	MEAN	STANDARD DEVIATION	STANDARD ERROR
ZUNG DEPRESSION SCORE				
GROUP 1	54	36.3704	10.269	1.397
GROUP 2	27	40.2222	7.552	1.453

		POOLED VARIANCE ESTIMATE			SEPARATE VARIANCE ESTIMATE		
F VALUE	2-TAIL PROB.	T VALUE	DEGREES OF FREEDOM	2-TAIL PROB.	T VALUE	DEGREES OF FREEDOM	2-TAIL PROB.
1.85	.090	-1.73	79	.088	-1.91	67.85	.060

VARIABLE	NUMBER OF CASES	MEAN	STANDARD DEVIATION	STANDARD ERROR
LIFE EVENTS				
GROUP 1	60	448.3500	335.678	43.336
GROUP 2	42	322.4048	297.111	45.845

		POOLED VARIANCE ESTIMATE			SEPARATE VARIANCE ESTIMATE		
F VALUE	2-TAIL PROB.	T VALUE	DEGREES OF FREEDOM	2-TAIL PROB.	T VALUE	DEGREES OF FREEDOM	2-TAIL PROB.
1.28	.412	1.95	100	.054	2.00	94.55	.049

VARIABLE	NUMBER OF CASES	MEAN	STANDARD DEVIATION	STANDARD ERROR
SERIOUS EVENTS				
GROUP 1	60	320.5167	265.159	34.232
GROUP 2	42	247.6190	256.694	39.609

		POOLED VARIANCE ESTIMATE			SEPARATE VARIANCE ESTIMATE		
F VALUE	2-TAIL PROB.	T VALUE	DEGREES OF FREEDOM	2-TAIL PROB.	T VALUE	DEGREES OF FREEDOM	2-TAIL PROB.
1.07	.836	1.38	100	.169	1.39	90.17	.167

CHI SQUARE TEST

SEXUAL PROBLEMS

COUNT / ROW PCT / COL PCT / TOT PCT		7.	8.	ROW TOTAL
1.	COUNT	45	15	60
	ROW PCT	75.0	25.0	58.8
	COL PCT	60.8	53.6	
	TOT PCT	44.1	14.7	
2.	COUNT	29	13	42
	ROW PCT	69.0	31.0	41.2
	COL PCT	39.2	46.4	
	TOT PCT	28.4	12.7	
COLUMN TOTAL		74	28	102
		72.5	27.5	100.0

CORRECTED CHI SQ = .19146 1 D.F., SIG. = .6617
RAW CHI SQ = .43953 1 D.F., SIG. = .5073

MISSING OBSERVATIONS - 1

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RADIOGRAPHIC INDEX

COUNT / ROW PCT / COL PCT / TOT PCT		0	1.	2.	ROW TOTAL
1.	COUNT	8	2	12	22
	ROW PCT	36.4	9.1	54.5	40.0
	COL PCT	61.5	25.0	35.3	
	TOT PCT	14.5	3.6	21.8	
2.	COUNT	5	6	22	33
	ROW PCT	15.2	18.2	66.7	60.0
	COL PCT	38.5	75.0	64.7	
	TOT PCT	9.1	10.9	40.0	
COLUMN TOTAL		13	8	34	55
		23.6	14.5	61.8	100.0

RAW CHI SQ = 3.57655 WITH 2 D.F., SIG. = .1672

MISSING OBSERVATIONS - 48

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MUSCLE INDEX

COUNT / ROW PCT / COL PCT / TOT PCT		0	1.	2.	ROW TOTAL
1.	COUNT	4	21	36	61
	ROW PCT	6.6	34.4	59.0	59.2
	COL PCT	50.0	55.3	63.2	
	TOT PCT	3.9	20.4	35.0	
2.	COUNT	4	17	21	42
	ROW PCT	9.5	40.5	50.0	40.8
	COL PCT	50.0	44.7	36.8	
	TOT PCT	3.9	16.5	20.4	
COLUMN TOTAL		8	38	57	103
		7.8	36.9	55.3	100.0

RAW CHI SQ = .89399 WITH 2 D.F., SIG. = .6395

TMJ INDEX

COUNT / ROW PCT / COL PCT / TOT PCT	0	1.	2.	ROW TOTAL
1.	3 4.9 42.9 2.9	21 34.4 48.8 20.4	37 60.7 69.8 35.9	61 59.2
2.	4 9.5 57.1 3.9	22 52.4 51.2 21.4	16 38.1 30.2 15.5	42 40.8
COLUMN TOTAL	7 6.8	43 41.7	53 51.5	103 100.0

RAW CHI SQ = 5.15751 WITH 2 D.F., SIG. = .0759

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TEETH INDEX

COUNT / ROW PCT / COL PCT / TOT PCT	0	1.	2.	ROW TOTAL
1.	1 1.7 5.0 1.0	2 3.4 14.3 2.0	56 94.9 84.8 56.0	59 59.0
2.	19 46.3 95.0 19.0	12 29.3 85.7 12.0	10 24.4 15.2 10.0	41 41.0
COLUMN TOTAL	20 20.0	14 14.0	66 66.0	100 100.0

RAW CHI SQ = 53.91015 WITH 2 D.F., SIG. = .0000

MISSING OBSERVATIONS - 3

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CLINICAL INDEX

COUNT / ROW PCT / COL PCT / TOT PCT	0	1.	2.	ROW TOTAL
1.	0 0 0 0	32 52.5 54.2 31.1	29 47.5 67.4 28.2	61 59.2
2.	1 2.4 100.0 1.0	27 64.3 45.8 26.2	14 33.3 32.6 13.6	42 40.8
COLUMN TOTAL	1 1.0	59 57.3	43 41.7	103 100.0

RAW CHI SQ = 3.26245 WITH 2 D.F., SIG. = .1957

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ANAMNESTIC INDEX

COUNT / ROW PCT / COL PCT / TOT PCT	0	2.	ROW TOTAL
1.	2 3.3 100.0 1.9	59 96.7 58.4 57.3	61 59.2
2.	0 0 0 0	42 100.0 41.6 40.8	42 40.8
COLUMN TOTAL	2 1.9	101 98.1	103 100.0

CORRECTED CHI SQ = .21022 1 D.F., SIG. = .6466
RAW CHI SQ = 1.40432 1 D.F., SIG. = .2360

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COUNTRY

COUNT / ROW PCT / COL PCT / TOT PCT	1.	2.	3.	4.	6.	ROW TOTAL
1.	42 68.9 65.6 40.8	13 21.3 59.1 12.6	2 3.3 100.0 1.9	1 1.6 50.0 1.0	3 4.9 23.1 2.9	61 59.2
2.	22 52.4 34.4 21.4	9 21.4 40.9 8.7	0 0 0 0	1 2.4 50.0 1.0	10 23.8 76.9 9.7	42 40.8
COLUMN TOTAL	64 62.1	22 21.4	2 1.9	2 1.9	13 12.6	103 100.0

RAW CHI SQ = 9.56720 WITH 4 D.F., SIG. = .0484

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TOTAL TEETH INDEX

COUNT / ROW PCT / COL PCT / TOT PCT	1.	2.	ROW TOTAL
1.	1 1.7 25.0 1.0	58 98.3 60.4 58.0	59 59.0
2.	3 7.3 75.0 3.0	38 92.7 39.6 38.0	41 41.0
COLUMN TOTAL	4 4.0	96 96.0	100 100.0

CORRECTED CHI SQ = .79621 1 D.F., SIG. = .3722
RAW CHI SQ = 1.99118 1 D.F., SIG. = .1582

MISSING OBSERVATIONS - 3

CURED

COUNT / ROW PCT / COL PCT / TOT PCT	0	1.	ROW TOTAL
1.	19	21	40
	47.5	52.5	54.8
	50.0	60.0	
	26.0	28.8	
2.	19	14	33
	57.6	42.4	45.2
	50.0	40.0	
	26.0	19.2	
COLUMN TOTAL	38	35	73
	52.1	47.9	100.0

CORRECTED CHI SQ = .36721 1 D.F., SIG. = .5338
RAW CHI SQ = .73553 1 D.F., SIG. = .3911

MISSING OBSERVATIONS - 30

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INITIAL TREATMENT

COUNT / ROW PCT / COL PCT / TOT PCT	1.	3.	4.	7.	ROW TOTAL
1.	42	1	0	2	45
	93.3	2.2	0	4.4	57.0
	59.2	50.0	0	40.0	
	53.2	1.3	0	2.5	
2.	29	1	1	3	34
	85.3	2.9	2.9	8.8	43.0
	40.8	50.0	100.0	60.0	
	36.7	1.3	1.3	3.8	
COLUMN TOTAL	71	2	1	5	79
	89.9	2.5	1.3	6.3	100.0

RAW CHI SQ = 2.08914 WITH 3 D.F., SIG. = .5541

MISSING OBSERVATIONS - 24

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OCCUPATION

COUNT / ROW PCT / COL PCT / TOT PCT	1.	2.	3.	5.	6.	ROW TOTAL
1.	1 1.6 25.0 1.0	12 19.7 36.4 11.7	13 21.3 92.9 12.6	5 8.2 83.3 4.9	1 1.6 100.0 1.0	61 59.2
2.	3 7.1 75.0 2.9	21 50.0 63.6 20.4	1 2.4 7.1 1.0	1 2.4 16.7 1.0	0 0 0 0	42 40.8
COLUMN TOTAL	4 3.9	33 32.0	14 13.6	6 5.8	1 1.0	103 100.0

OCCUPATION

COUNT / ROW PCT / COL PCT / TOT PCT	7.	8.	9.	ROW TOTAL
1.	1 1.6 7.1 1.0	11 18.0 91.7 10.7	17 27.9 89.5 16.5	61 59.2
2.	13 31.0 92.9 12.6	1 2.4 8.3 1.0	2 4.8 10.5 1.9	42 40.8
COLUMN TOTAL	14 13.6	12 11.7	19 18.4	103 100.0

RAW CHI SQ = 45.92598 WITH 7 D.F., SIG. = .0000

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MANN WHITNEY U TEST

SERIOUS EVENTS

GROUP = 1.		GROUP = 2.	
MEAN RANK	NUMBER	MEAN RANK	NUMBER
55.90	60	45.21	42

U	W	CORRECTED FOR TIES Z	2-TAILED P
996.0	1299.0	1.7974	.0723

LIFE EVENTS

GROUP = 1.		GROUP = 2.	
MEAN RANK	NUMBER	MEAN RANK	NUMBER
56.37	60	43.33	42

U	W	CORRECTED FOR TIES Z	2-TAILED P
938.0	1841.0	2.1905	.0285

ZUNG DEPRESSION SCORE

GROUP = 1.		GROUP = 2.	
MEAN RANK	NUMBER	MEAN RANK	NUMBER
37.00	54	49.00	27

U	W	CORRECTED FOR TIES Z	2-TAILED P
513.0	1323.0	-2.1659	.0303

SPIELBERGER TRAIT SCORE

GROUP = 1.		GROUP = 2.	
MEAN RANK	NUMBER	MEAN RANK	NUMBER
43.75	57	49.76	34

U	W	CORRECTED FOR TIES Z	2-TAILED P
841.0	1692.0	-1.0510	.2932

SPIELBERGER STATE SCORE

GROUP = 1.		GROUP = 2.	
MEAN RANK	NUMBER	MEAN RANK	NUMBER
44.44	59	50.18	33

U	W	CORRECTED FOR TIES Z	2-TAILED P
852.0	1656.0	-.9902	.3221

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          WHITELEY INDEX

GROUP          =          1.     GROUP          =          2.
MEAN RANK          NUMBER        MEAN RANK          NUMBER
    50.08              61            54.79              42

                                   CORRECTED FOR TIES
    U                  W               Z          2-TAILED P
 1164.0             2301.0          -.7931           .4277

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         DISCRIMINANT FUNCTION

GROUP          =          1.     GROUP          =          2.
MEAN RANK          NUMBER        MEAN RANK          NUMBER
    44.93              61            62.27              42

                                   CORRECTED FOR TIES
    U                  W               Z          2-TAILED P
  849.5             2615.5         -2.8960           .0038

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          DISEASE AFFIRMATION

GROUP          =          1.     GROUP          =          2.
MEAN RANK          NUMBER        MEAN RANK          NUMBER
    45.90              61            60.86              42

                                   CORRECTED FOR TIES
    U                  W               Z          2-TAILED P
  909.0             2556.0         -2.5286           .0115

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        AFFECTIVE STATE

GROUP          =          1.     GROUP          =          2.
MEAN RANK          NUMBER        MEAN RANK          NUMBER
    48.51              61            57.07              42

                                   CORRECTED FOR TIES
    U                  W               Z          2-TAILED P
 1068.0             2397.0         -1.4368           .1508

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          GENERAL HYPOCHONDRIASIS

GROUP          =          1.     GROUP          =          2.
MEAN RANK          NUMBER        MEAN RANK          NUMBER
    49.48              61            55.67              42

                                   CORRECTED FOR TIES
    U                  W               Z          2-TAILED P
 1127.0             2338.0         -1.0733           .2831

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DISEASE CONVICTION

GROUP	=	1.	GROUP	=	2.
MEAN RANK		NUMBER	MEAN RANK		NUMBER
47.55		61	58.46		42

		CORRECTED FOR TIES	
U	W	Z	2-TAILED P
1009.5	2455.5	-1.8687	.0617

PSYCHOLOGICAL V SOMATIC FOCUSING

GROUP	=	1.	GROUP	=	2.
MEAN RANK		NUMBER	MEAN RANK		NUMBER
57.75		61	43.64		42

		CORRECTED FOR TIES	
U	W	Z	2-TAILED P
930.0	1833.0	2.5177	.0118

AFFECTIVE INHIBITION

GROUP	=	1.	GROUP	=	2.
MEAN RANK		NUMBER	MEAN RANK		NUMBER
49.23		61	56.02		42

		CORRECTED FOR TIES	
U	W	Z	2-TAILED P
1112.0	2353.0	-1.1535	.2487

AFFECTIVE DISTURBANCE

GROUP	=	1.	GROUP	=	2.
MEAN RANK		NUMBER	MEAN RANK		NUMBER
42.34		61	66.04		42

		CORRECTED FOR TIES	
U	W	Z	2-TAILED P
691.5	2773.5	-4.0313	.0001

DENIAL

GROUP	=	1.	GROUP	=	2.
MEAN RANK		NUMBER	MEAN RANK		NUMBER
47.92		61	57.93		42

		CORRECTED FOR TIES	
U	W	Z	2-TAILED P
1032.0	2433.0	-1.7046	.0383

IRRITABILITY

GROUP = 1.		GROUP = 2.	
MEAN RANK	NUMBER	MEAN RANK	NUMBER
58.40	61	42.70	42

		CORRECTED FOR TIES	
U	W	Z	2-TAILED P
890.5	1793.5	2.6767	.0074

APPENDIX V

PART B

SECTION 2

(Pages B.2.36 to B.2.53).

3. This section describes statistical analysis between groups of patients who were less than 40 years of age and were public and private; male and female. They suffered from either:

    (a) TMJ Dysfunction (Group 1), or
    (b) Dental pain (i.e. controls) (Group 2).

T TEST

VARIABLE	NUMBER OF CASES	MEAN	STANDARD DEVIATION	STANDARD ERROR
AGE				
GROUP 1	61	25.7377	7.679	.983
GROUP 2	35	28.1143	6.914	1.169

		POOLED VARIANCE ESTIMATE			SEPARATE VARIANCE ESTIMATE		
F VALUE	2-TAIL PROB.	T VALUE	DEGREES OF FREEDOM	2-TAIL PROB.	T VALUE	DEGREES OF FREEDOM	2-TAIL PROB.
1.23	.515	-1.51	94	.134	-1.56	77.23	.124

VARIABLE	NUMBER OF CASES	MEAN	STANDARD DEVIATION	STANDARD ERROR
ANAMNESTIC INDEX				
GROUP 1	61	1.9344	.359	.046
GROUP 2	35	1.0286	1.014	.171

		POOLED VARIANCE ESTIMATE			SEPARATE VARIANCE ESTIMATE		
F VALUE	2-TAIL PROB.	T VALUE	DEGREES OF FREEDOM	2-TAIL PROB.	T VALUE	DEGREES OF FREEDOM	2-TAIL PROB.
7.98	.000	6.34	94	.000	5.10	38.95	.000

VARIABLE	NUMBER OF CASES	MEAN	STANDARD DEVIATION	STANDARD ERROR
CLINICAL INDEX				
GROUP 1	61	1.4754	.504	.064
GROUP 2	28	.4286	.504	.095

		POOLED VARIANCE ESTIMATE			SEPARATE VARIANCE ESTIMATE		
F VALUE	2-TAIL PROB.	T VALUE	DEGREES OF FREEDOM	2-TAIL PROB.	T VALUE	DEGREES OF FREEDOM	2-TAIL PROB.
1.00	.963	9.11	87	.000	9.10	52.46	.000

VARIABLE	NUMBER OF CASES	MEAN	STANDARD DEVIATION	STANDARD ERROR
MUSCLE INDEX				
GROUP 1	61	1.5246	.622	.080
GROUP 2	28	.2500	.441	.083

		POOLED VARIANCE ESTIMATE			SEPARATE VARIANCE ESTIMATE		
F VALUE	2-TAIL PROB.	T VALUE	DEGREES OF FREEDOM	2-TAIL PROB.	T VALUE	DEGREES OF FREEDOM	2-TAIL PROB.
1.99	.032	9.76	87	.000	11.06	71.86	.000

VARIABLE	NUMBER OF CASES	MEAN	STANDARD DEVIATION	STANDARD ERROR
TMJ INDEX				
GROUP 1	61	1.5574	.592	.076
GROUP 2	28	.2500	.441	.083

		POOLED VARIANCE ESTIMATE			SEPARATE VARIANCE ESTIMATE		
F VALUE	2-TAIL PROB.	T VALUE	DEGREES OF FREEDOM	2-TAIL PROB.	T VALUE	DEGREES OF FREEDOM	2-TAIL PROB.
1.80	.094	10.42	87	.000	11.60	69.96	.000

VARIABLE	NUMBER OF CASES	MEAN	STANDARD DEVIATION	STANDARD ERROR
PAIN DURATION				
GROUP 1	47	10.5106	16.036	2.339
GROUP 2	9	3.8889	4.045	1.348

		POOLED VARIANCE ESTIMATE			SEPARATE VARIANCE ESTIMATE		
F VALUE	2-TAIL PROB.	T VALUE	DEGREES OF FREEDOM	2-TAIL PROB.	T VALUE	DEGREES OF FREEDOM	2-TAIL PROB.
15.72	.000	1.22	54	.227	2.45	49.94	.018

VARIABLE	NUMBER OF CASES	MEAN	STANDARD DEVIATION	STANDARD ERROR
NUMBER OF NATURAL TEETH				
GROUP 1	59	26.2542	4.478	.583
GROUP 2	29	26.6897	4.343	.807

		POOLED VARIANCE ESTIMATE			SEPARATE VARIANCE ESTIMATE		
F VALUE	2-TAIL PROB.	T VALUE	DEGREES OF FREEDOM	2-TAIL PROB.	T VALUE	DEGREES OF FREEDOM	2-TAIL PROB.
1.06	.882	-.43	86	.666	-.44	57.35	.663

VARIABLE	NUMBER OF CASES	MEAN	STANDARD DEVIATION	STANDARD ERROR
TEETH INDEX				
GROUP 1	59	1.9322	.314	.041
GROUP 2	29	1.9310	.258	.048

		POOLED VARIANCE ESTIMATE			SEPARATE VARIANCE ESTIMATE		
F VALUE	2-TAIL PROB.	T VALUE	DEGREES OF FREEDOM	2-TAIL PROB.	T VALUE	DEGREES OF FREEDOM	2-TAIL PROB.
1.49	.254	.02	86	.986	.02	66.66	.985

VARIABLE	NUMBER OF CASES	MEAN	STANDARD DEVIATION	STANDARD ERROR
CONTACTS				
GROUP 1	59	25.8644	4.369	.569
GROUP 2	29	25.2069	6.120	1.136

		POOLED VARIANCE ESTIMATE			SEPARATE VARIANCE ESTIMATE		
F VALUE	2-TAIL PROB.	T VALUE	DEGREES OF FREEDOM	2-TAIL PROB.	T VALUE	DEGREES OF FREEDOM	2-TAIL PROB.
1.96	.031	.58	86	.564	.52	42.49	.608

VARIABLE	NUMBER OF CASES	MEAN	STANDARD DEVIATION	STANDARD ERROR
TREATMENT TIME				
GROUP 1	47	2.0213	1.437	.210
GROUP 2	1	1.0000	0	0

		POOLED VARIANCE ESTIMATE			SEPARATE VARIANCE ESTIMATE		
F VALUE	2-TAIL PROB.	T VALUE	DEGREES OF FREEDOM	2-TAIL PROB.	T VALUE	DEGREES OF FREEDOM	2-TAIL PROB.
0	1.000	.70	46	.485	4.37	46.00	.000

VARIABLE	NUMBER OF CASES	MEAN	STANDARD DEVIATION	STANDARD ERROR
TIME ELAPSED				
GROUP 1	46	8.1087	2.452	.361
GROUP 2	1	7.0000	0	0

		POOLED VARIANCE ESTIMATE			SEPARATE VARIANCE ESTIMATE		
F VALUE	2-TAIL PROB.	T VALUE	DEGREES OF FREEDOM	2-TAIL PROB.	T VALUE	DEGREES OF FREEDOM	2-TAIL PROB.
0	1.000	.45	45	.657	3.07	45.00	.004

VARIABLE	NUMBER OF CASES	MEAN	STANDARD DEVIATION	STANDARD ERROR
GENERAL HYPOCHONDRIASIS				
GROUP 1	61	1.3279	1.599	.205
GROUP 2	35	1.6571	1.955	.330

		POOLED VARIANCE ESTIMATE			SEPARATE VARIANCE ESTIMATE		
F VALUE	2-TAIL PROB.	T VALUE	DEGREES OF FREEDOM	2-TAIL PROB.	T VALUE	DEGREES OF FREEDOM	2-TAIL PROB.
1.49	.173	-.89	94	.373	-.85	60.11	.400

VARIABLE	NUMBER OF CASES	MEAN	STANDARD DEVIATION	STANDARD ERROR
DISEASE CONVICTION				
GROUP 1	61	1.8033	1.492	.191
GROUP 2	35	1.4000	1.283	.213

		POOLED VARIANCE ESTIMATE			SEPARATE VARIANCE ESTIMATE		
F VALUE	2-TAIL PROB.	T VALUE	DEGREES OF FREEDOM	2-TAIL PROB.	T VALUE	DEGREES OF FREEDOM	2-TAIL PROB.
1.34	.356	1.34	94	.184	1.39	79.75	.168

VARIABLE	NUMBER OF CASES	MEAN	STANDARD DEVIATION	STANDARD ERROR
PSYCHOLOGICAL V SOMATIC FOCUSING				
GROUP 1	61	1.8525	.891	.114
GROUP 2	35	2.0571	.725	.123

		POOLED VARIANCE ESTIMATE			SEPARATE VARIANCE ESTIMATE		
F VALUE	2-TAIL PROB.	T VALUE	DEGREES OF FREEDOM	2-TAIL PROB.	T VALUE	DEGREES OF FREEDOM	2-TAIL PROB.
1.51	.196	-1.16	94	.251	-1.22	83.10	.225

VARIABLE	NUMBER OF CASES	MEAN	STANDARD DEVIATION	STANDARD ERROR
AFFECTIVE INHIBITION				
GROUP 1	61	2.2131	1.694	.217
GROUP 2	35	2.3714	1.750	.296

		POOLED VARIANCE ESTIMATE			SEPARATE VARIANCE ESTIMATE		
F VALUE	2-TAIL PROB.	T VALUE	DEGREES OF FREEDOM	2-TAIL PROB.	T VALUE	DEGREES OF FREEDOM	2-TAIL PROB.
1.07	.809	-.44	94	.664	-.43	69.07	.667

VARIABLE	NUMBER OF CASES	MEAN	STANDARD DEVIATION	STANDARD ERROR
AFFECTIVE DISTURBANCE				
GROUP 1	61	1.8197	1.544	.198
GROUP 2	35	1.8000	1.659	.280

		POOLED VARIANCE ESTIMATE			SEPARATE VARIANCE ESTIMATE		
F VALUE	2-TAIL PROB.	T VALUE	DEGREES OF FREEDOM	2-TAIL PROB.	T VALUE	DEGREES OF FREEDOM	2-TAIL PROB.
1.15	.615	.06	94	.953	.06	66.93	.954

VARIABLE	NUMBER OF CASES	MEAN	STANDARD DEVIATION	STANDARD ERROR
DENIAL				
GROUP 1	61	2.9344	1.515	.194
GROUP 2	35	2.2571	1.462	.247

		POOLED VARIANCE ESTIMATE			SEPARATE VARIANCE ESTIMATE		
F VALUE	2-TAIL PROB.	T VALUE	DEGREES OF FREEDOM	2-TAIL PROB.	T VALUE	DEGREES OF FREEDOM	2-TAIL PROB.
1.07	.838	2.13	94	.035	2.16	73.08	.034

VARIABLE	NUMBER OF CASES	MEAN	STANDARD DEVIATION	STANDARD ERROR
IRRITABILITY				
GROUP 1	61	2.3770	1.614	.207
GROUP 2	35	2.2571	1.540	.260

		POOLED VARIANCE ESTIMATE			SEPARATE VARIANCE ESTIMATE		
F VALUE	2-TAIL PROB.	T VALUE	DEGREES OF FREEDOM	2-TAIL PROB.	T VALUE	DEGREES OF FREEDOM	2-TAIL PROB.
1.10	.782	.36	94	.723	.36	73.75	.719

VARIABLE	NUMBER OF CASES	MEAN	STANDARD DEVIATION	STANDARD ERROR
AFFECTIVE STATE				
GROUP 1	61	5.5246	3.709	.475
GROUP 2	35	5.7143	4.274	.722

		POOLED VARIANCE ESTIMATE			SEPARATE VARIANCE ESTIMATE		
F VALUE	2-TAIL PROB.	T VALUE	DEGREES OF FREEDOM	2-TAIL PROB.	T VALUE	DEGREES OF FREEDOM	2-TAIL PROB.
1.33	.333	-.23	94	.820	-.22	63.05	.827

VARIABLE	NUMBER OF CASES	MEAN	STANDARD DEVIATION	STANDARD ERROR
DISEASE AFFIRMATION				
GROUP 1	61	4.9508	1.978	.253
GROUP 2	35	4.3429	1.552	.262

		POOLED VARIANCE ESTIMATE			SEPARATE VARIANCE ESTIMATE		
F VALUE	2-TAIL PROB.	T VALUE	DEGREES OF FREEDOM	2-TAIL PROB.	T VALUE	DEGREES OF FREEDOM	2-TAIL PROB.
1.63	.128	1.56	94	.122	1.67	85.06	.099

VARIABLE	NUMBER OF CASES	MEAN	STANDARD DEVIATION	STANDARD ERROR
DISCRIMINANT FUNCTION				
GROUP 1	61	50.3984	14.674	1.879
GROUP 2	35	44.7914	11.831	2.000

		POOLED VARIANCE ESTIMATE			SEPARATE VARIANCE ESTIMATE		
F VALUE	2-TAIL PROB.	T VALUE	DEGREES OF FREEDOM	2-TAIL PROB.	T VALUE	DEGREES OF FREEDOM	2-TAIL PROB.
1.54	.177	2.10	94	.038	2.23	83.60	.029

VARIABLE	NUMBER OF CASES	MEAN	STANDARD DEVIATION	STANDARD ERROR
WHITELEY INDEX				
GROUP 1	61	3.0984	2.749	.352
GROUP 2	35	2.7429	2.280	.385

		POOLED VARIANCE ESTIMATE			SEPARATE VARIANCE ESTIMATE		
F VALUE	2-TAIL PROB.	T VALUE	DEGREES OF FREEDOM	2-TAIL PROB.	T VALUE	DEGREES OF FREEDOM	2-TAIL PROB.
1.45	.240	.65	94	.519	.66	82.04	.498

SPIELBERGER STATE SCORE				
GROUP 1	59	37.7966	11.208	1.459
GROUP 2	33	41.9697	13.603	2.368

		POOLED VARIANCE ESTIMATE			SEPARATE VARIANCE ESTIMATE		
F VALUE	2-TAIL PROB.	T VALUE	DEGREES OF FREEDOM	2-TAIL PROB.	T VALUE	DEGREES OF FREEDOM	2-TAIL PROB.
1.47	.198	-1.58	90	.117	-1.50	56.43	.139

VARIABLE	NUMBER OF CASES	MEAN	STANDARD DEVIATION	STANDARD ERROR
SPIELBERGER TRAIT SCORE				
GROUP 1	57	39.3158	11.452	1.517
GROUP 2	33	40.2727	10.698	1.862

		POOLED VARIANCE ESTIMATE			SEPARATE VARIANCE ESTIMATE		
F VALUE	2-TAIL PROB.	T VALUE	DEGREES OF FREEDOM	2-TAIL PROB.	T VALUE	DEGREES OF FREEDOM	2-TAIL PROB.
1.15	.689	-.39	88	.697	-.40	70.75	.692

VARIABLE	NUMBER OF CASES	MEAN	STANDARD DEVIATION	STANDARD ERROR
ZUNG DEPRESSION SCORE				
GROUP 1	54	36.3704	10.269	1.397
GROUP 2	33	36.2121	11.621	2.023

		POOLED VARIANCE ESTIMATE			SEPARATE VARIANCE ESTIMATE		
F VALUE	2-TAIL PROB.	T VALUE	DEGREES OF FREEDOM	2-TAIL PROB.	T VALUE	DEGREES OF FREEDOM	2-TAIL PROB.
1.26	.418	.07	85	.947	.06	61.39	.949

VARIABLE	NUMBER OF CASES	MEAN	STANDARD DEVIATION	STANDARD ERROR
LIFE EVENTS				
GROUP 1	60	448.3500	335.676	43.336
GROUP 2	35	448.2000	253.398	42.832

		POOLED VARIANCE ESTIMATE			SEPARATE VARIANCE ESTIMATE		
F VALUE	2-TAIL PROB.	T VALUE	DEGREES OF FREEDOM	2-TAIL PROB.	T VALUE	DEGREES OF FREEDOM	2-TAIL PROB.
1.75	.079	.00	93	.998	.00	86.81	.998

VARIABLE	NUMBER OF CASES	MEAN	STANDARD DEVIATION	STANDARD ERROR
SERIOUS EVENTS				
GROUP 1	60	320.5167	265.159	34.232
GROUP 2	35	312.4857	218.829	36.989

		POOLED VARIANCE ESTIMATE			SEPARATE VARIANCE ESTIMATE		
F VALUE	2-TAIL PROB.	T VALUE	DEGREES OF FREEDOM	2-TAIL PROB.	T VALUE	DEGREES OF FREEDOM	2-TAIL PROB.
1.47	.229	.15	93	.880	.16	82.36	.874

CHI SQUARE TEST

SEXUAL PROBLEMS

COUNT / ROW PCT / COL PCT / TOT PCT	7.	8.	ROW TOTAL
1.	45 75.0 62.5 47.4	15 25.0 65.2 15.8	60 63.2
2.	27 77.1 37.5 28.4	8 22.9 34.8 8.4	35 36.8
COLUMN TOTAL	72 75.8	23 24.2	95 100.0

CORRECTED CHI SQ = 0 1 D.F., SIG. = 1.0000
RAW CHI SQ = .05532 1 D.F., SIG. = .8141

MISSING OBSERVATIONS - 1

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RADIOGRAPHIC INDEX

COUNT / ROW PCT / COL PCT / TOT PCT	0	1.	2.	ROW TOTAL
1.	8 36.4 57.1 22.2	2 9.1 66.7 5.6	12 54.5 63.2 33.3	22 61.1
2.	6 42.9 42.9 16.7	1 7.1 33.3 2.8	7 50.0 36.8 19.4	14 38.9
COLUMN TOTAL	14 38.9	3 8.3	19 52.8	36 100.0

RAW CHI SQ = .16522 WITH 2 D.F., SIG. = .9207

MISSING OBSERVATIONS - 60

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MUSCLE INDEX

COUNT / ROW PCT / COL PCT / TOT PCT	0	1.	2.	ROW TOTAL
1.	4 6.6 16.0 4.5	21 34.4 75.0 23.6	36 59.0 100.0 40.4	61 68.5
2.	21 75.0 84.0 23.6	7 25.0 25.0 7.9	0 0 0 0	28 31.5
COLUMN TOTAL	25 28.1	28 31.5	36 40.4	89 100.0

RAW CHI SQ = 49.07037 WITH 2 D.F., SIG. = .0000

MISSING OBSERVATIONS - 7

TMJ INDEX

COUNT ROW PCT COL PCT TOT PCT	0	1.	2.	ROW TOTAL
1.	3 4.9 12.5 3.4	21 34.4 75.0 23.6	37 60.7 100.0 41.6	61 68.5
2.	21 75.0 87.5 23.6	7 25.0 25.0 7.9	0 0 0 0	28 31.5
COLUMN TOTAL	24 27.0	28 31.5	37 41.6	89 100.0

RAW CHI SQ = 52.47900 WITH 2 D.F., SIG. = .0000

MISSING OBSERVATIONS - 7

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TEETH INDEX

COUNT ROW PCT COL PCT TOT PCT	0	1.	2.	ROW TOTAL
1.	1 1.7 100.0 1.1	2 3.4 50.0 2.3	56 94.9 67.5 63.6	59 67.0
2.	0 0 0 0	2 6.9 50.0 2.3	27 93.1 32.5 30.7	29 33.0
COLUMN TOTAL	1 1.1	4 4.5	83 94.3	88 100.0

RAW CHI SQ = 1.02430 WITH 2 D.F., SIG. = .5992

MISSING OBSERVATIONS - 6

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CLINICAL INDEX

COUNT ROW PCT COL PCT TOT PCT	0	1.	2.	ROW TOTAL
1.	0 0 0 0	32 52.5 72.7 36.0	29 47.5 100.0 32.6	61 68.5
2.	16 57.1 100.0 18.0	12 42.9 27.3 13.5	0 0 0 0	28 31.5
COLUMN TOTAL	16 18.0	44 49.4	29 32.6	89 100.0

RAW CHI SQ = 48.52651 WITH 2 D.F., SIG. = .0000

MISSING OBSERVATIONS - 7

ANAMNESTIC INDEX

COUNT / ROW PCT / COL PCT / TOT PCT	0	2.	ROW TOTAL
1.	2	59	61
	3.3	96.7	63.5
	10.5	76.6	
	2.1	61.5	
2.	17	18	35
	48.6	51.4	36.5
	89.5	23.4	
	17.7	18.8	
COLUMN TOTAL	19	77	96
	19.8	80.2	100.0

CORRECTED CHI SQ = 25.95733 1 D.F., SIG. = .0000
RAW CHI SQ = 28.73968 1 D.F., SIG. = .0000

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COUNTRY

COUNT / ROW PCT / COL PCT / TOT PCT	1.	2.	3.	4.	6.	ROW TOTAL
1.	42	13	2	1	3	61
	68.9	21.3	3.3	1.6	4.9	63.5
	61.8	76.5	100.0	100.0	37.5	
	43.8	13.5	2.1	1.0	3.1	
2.	26	4	0	0	5	35
	74.3	11.4	0	0	14.3	36.5
	38.2	23.5	0	0	62.5	
	27.1	4.2	0	0	5.2	
COLUMN TOTAL	68	17	2	1	8	96
	70.8	17.7	2.1	1.0	8.3	100.0

RAW CHI SQ = 5.38256 WITH 4 D.F., SIG. = .2502

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TOTAL TEETH INDEX

COUNT / ROW PCT / COL PCT / TOT PCT	1.	2.	ROW TOTAL
1.	1	58	59
	1.7	98.3	67.0
	33.3	68.2	
	1.1	65.9	
2.	2	27	29
	6.9	93.1	33.0
	66.7	31.8	
	2.3	30.7	
COLUMN TOTAL	3	85	88
	3.4	96.6	100.0

CORRECTED CHI SQ = .40843 1 D.F., SIG. = .5228
RAW CHI SQ = 1.59762 1 D.F., SIG. = .2062

MISSING OBSERVATIONS - 8

OCCUPATION

COUNT / ROW PCT / COL PCT / TOT PCT	1.	2.	3.	5.	6.	ROW TOTAL
1.	1	12	13	5	1	61
	1.6	19.7	21.3	8.2	1.6	63.5
	100.0	60.0	81.3	62.5	33.3	
	1.0	12.5	13.5	5.2	1.0	
2.	0	8	3	3	2	35
	0	22.9	8.6	8.6	5.7	36.5
	0	40.0	18.8	37.5	66.7	
	0	8.3	3.1	3.1	2.1	
COLUMN TOTAL	1	20	16	8	3	96
	1.0	20.8	16.7	8.3	3.1	100.0

OCCUPATION

COUNT / ROW PCT / COL PCT / TOT PCT	7.	8.	9.	ROW TOTAL
1.	1	11	17	61
	1.6	18.0	27.9	63.5
	50.0	50.0	70.8	
	1.0	11.5	17.7	
2.	1	11	7	35
	2.9	31.4	20.0	36.5
	50.0	50.0	29.2	
	1.0	11.5	7.3	
COLUMN TOTAL	2	22	24	96
	2.1	22.9	25.0	100.0

RAW CHI SQ = 6.43393 WITH 7 D.F., SIG. = .4845

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```
            CURED
 COUNT   I
ROW PCT  I                                ROW
COL PCT  I                               TOTAL
TOT PCT  I          0I        1.I
      ---I---------I---------I
      1. I     19  I     21  I          40
         I   47.5  I   52.5  I        97.6
         I   95.0  I  100.0  I
         I   46.3  I   51.2  I
        -I---------I---------I
      2. I      1  I      0  I           1
         I  100.0  I      0  I         2.4
         I    5.0  I      0  I
         I    2.4  I      0  I
        -I---------I---------I
  COLUMN       20        21            41
   TOTAL     48.8      51.2         100.0

CORRECTED CHI SQ =       .00061 1 D.F., SIG. =    .9803
      RAW CHI SQ =      1.07625 1 D.F., SIG. =    .2995

MISSING OBSERVATIONS -         55
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             INITIAL TREATMENT
 COUNT   I
ROW PCT  I                                          ROW
COL PCT  I                                         TOTAL
TOT PCT  I        1.I        3.I        7.I
      ---I---------I---------I---------I
      1. I     42  I      1  I      2  I          45
         I   93.3  I    2.2  I    4.4  I       100.0
         I  100.0  I  100.0  I  100.0  I
         I   93.3  I    2.2  I    4.4  I
        -I---------I---------I---------I
  COLUMN       42         1          2            45
   TOTAL     93.3       2.2        4.4         100.0

MISSING OBSERVATIONS -         51
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MANN WHITNEY U TEST

SERIOUS EVENTS

GROUP = 1. MEAN RANK	NUMBER	GROUP = 2. MEAN RANK	NUMBER
47.60	60	48.69	35

U	W	CORRECTED FOR TIES Z	2-TAILED P
1026.0	1704.0	-.1852	.8531

LIFE EVENTS

GROUP = 1. MEAN RANK	NUMBER	GROUP = 2. MEAN RANK	NUMBER
47.12	60	49.51	35

U	W	CORRECTED FOR TIES Z	2-TAILED P
997.0	1733.0	-.4089	.6826

ZUNG DEPRESSION SCORE

GROUP = 1. MEAN RANK	NUMBER	GROUP = 2. MEAN RANK	NUMBER
45.00	54	42.36	33

U	W	CORRECTED FOR TIES Z	2-TAILED P
837.0	1398.0	.4728	.6364

SPIELBERGER TRAIT SCORE

GROUP = 1. MEAN RANK	NUMBER	GROUP = 2. MEAN RANK	NUMBER
43.87	57	48.32	33

U	W	CORRECTED FOR TIES Z	2-TAILED P
847.5	1594.5	-.7793	.4358

SPIELBERGER STATE SCORE

GROUP = 1. MEAN RANK	NUMBER	GROUP = 2. MEAN RANK	NUMBER
43.31	59	52.21	33

U	W	CORRECTED FOR TIES Z	2-TAILED P
785.0	1723.0	-1.5360	.1245

WHITELEY INDEX

GROUP = 1.		GROUP = 2.	
MEAN RANK	NUMBER	MEAN RANK	NUMBER
49.35	61	47.01	35

		CORRECTED FOR TIES	
U	W	Z	2-TAILED P
1015.5	1645.5	.4016	.6880

DISCRIMINANT FUNCTION

GROUP = 1.		GROUP = 2.	
MEAN RANK	NUMBER	MEAN RANK	NUMBER
53.39	61	39.99	35

		CORRECTED FOR TIES	
U	W	Z	2-TAILED P
769.5	1399.5	2.2688	.0233

DISEASE AFFIRMATION

GROUP = 1.		GROUP = 2.	
MEAN RANK	NUMBER	MEAN RANK	NUMBER
52.36	61	41.77	35

		CORRECTED FOR TIES	
U	W	Z	2-TAILED P
832.0	1462.0	1.8367	.0663

AFFECTIVE STATE

GROUP = 1.		GROUP = 2.	
MEAN RANK	NUMBER	MEAN RANK	NUMBER
48.61	61	48.30	35

		CORRECTED FOR TIES	
U	W	Z	2-TAILED P
1060.5	1690.5	.0535	.9573

GENERAL HYPOCHONDRIASIS

GROUP = 1.		GROUP = 2.	
MEAN RANK	NUMBER	MEAN RANK	NUMBER
47.51	61	50.23	35

		CORRECTED FOR TIES	
U	W	Z	2-TAILED P
1007.0	1758.0	-.4799	.6313

DISEASE CONVICTION

GROUP = 1.		GROUP = 2.	
MEAN RANK	NUMBER	MEAN RANK	NUMBER
51.45	61	43.36	35

		CORRECTED FOR TIES	
U	W	Z	2-TAILED P
887.5	1517.5	1.4135	.1575

PSYCHOLOGICAL V SOMATIC FOCUSING

GROUP = 1.		GROUP = 2.	
MEAN RANK	NUMBER	MEAN RANK	NUMBER
46.03	61	52.80	35

		CORRECTED FOR TIES	
U	W	Z	2-TAILED P
917.0	1848.0	-1.2505	.2111

AFFECTIVE INHIBITION

GROUP = 1.		GROUP = 2.	
MEAN RANK	NUMBER	MEAN RANK	NUMBER
47.62	61	50.03	35

		CORRECTED FOR TIES	
U	W	Z	2-TAILED P
1014.0	1751.0	-.4142	.6787

AFFECTIVE DISTURBANCE

```
GROUP          =        1.     GROUP          =        2.
MEAN RANK          NUMBER      MEAN RANK          NUMBER
   48.91               61         47.79               35

                               CORRECTED FOR TIES
     U                W            Z        2-TAILED P
  1042.5           1672.5        .1946         .8457
```

DENIAL

```
GROUP          =        1.     GROUP          =        2.
MEAN RANK          NUMBER      MEAN RANK          NUMBER
   52.92               61         40.80               35

                               CORRECTED FOR TIES
     U                W            Z        2-TAILED P
   798.0           1428.0       2.0888         .0367
```

IRRITABILITY

```
GROUP          =        1.     GROUP          =        2.
MEAN RANK          NUMBER      MEAN RANK          NUMBER
   49.09               61         47.47               35

                               CORRECTED FOR TIES
     U                W            Z        2-TAILED P
  1031.5           1661.5        .2836         .7767
```

APPENDIX V

PART B

SECTION 2

(Pages B.2.54 to B.2.71).

4. This section describes statistical analysis between two groups of patients who were <u>more than 40 years of age</u> and were public and private patients, male and female.

   They suffered from either:

   (a) <u>TMJ Dysfunction</u> (Group 1), or
   (b) Dental pain (i.e. <u>controls</u>)(Group 2)

T TEST

VARIABLE	NUMBER OF CASES	MEAN	STANDARD DEVIATION	STANDARD ERROR
AGE				
GROUP 1	42	61.4286	10.502	1.621
GROUP 2	18	60.1111	8.737	2.059

		POOLED VARIANCE ESTIMATE			SEPARATE VARIANCE ESTIMATE		
F VALUE	2-TAIL PROB.	T VALUE	DEGREES OF FREEDOM	2-TAIL PROB.	T VALUE	DEGREES OF FREEDOM	2-TAIL PROB.
1.44	.416	.47	58	.642	.50	38.46	.618

VARIABLE	NUMBER OF CASES	MEAN	STANDARD DEVIATION	STANDARD ERROR
ANAMNESTIC INDEX				
GROUP 1	42	2.0000	0	0
GROUP 2	18	.1111	.471	.111

		POOLED VARIANCE ESTIMATE			SEPARATE VARIANCE ESTIMATE		
F VALUE	2-TAIL PROB.	T VALUE	DEGREES OF FREEDOM	2-TAIL PROB.	T VALUE	DEGREES OF FREEDOM	2-TAIL PROB.
0	1.000	26.27	58	.000	17.00	17.00	.000

VARIABLE	NUMBER OF CASES	MEAN	STANDARD DEVIATION	STANDARD ERROR
CLINICAL INDEX				
GROUP 1	42	1.3095	.517	.080
GROUP 2	18	.7222	.461	.109

		POOLED VARIANCE ESTIMATE			SEPARATE VARIANCE ESTIMATE		
F VALUE	2-TAIL PROB.	T VALUE	DEGREES OF FREEDOM	2-TAIL PROB.	T VALUE	DEGREES OF FREEDOM	2-TAIL PROB.
1.26	.620	4.16	58	.000	4.36	35.97	.000

VARIABLE	NUMBER OF CASES	MEAN	STANDARD DEVIATION	STANDARD ERROR
MUSCLE INDEX				
GROUP 1	42	1.4048	.665	.103
GROUP 2	18	.3333	.485	.114

		POOLED VARIANCE ESTIMATE			SEPARATE VARIANCE ESTIMATE		
F VALUE	2-TAIL PROB.	T VALUE	DEGREES OF FREEDOM	2-TAIL PROB.	T VALUE	DEGREES OF FREEDOM	2-TAIL PROB.
1.88	.161	6.16	58	.000	6.98	43.65	.000

VARIABLE	NUMBER OF CASES	MEAN	STANDARD DEVIATION	STANDARD ERROR
TMJ INDEX				
GROUP 1	42	1.2857	.636	.098
GROUP 2	18	.5556	.616	.145

		POOLED VARIANCE ESTIMATE			SEPARATE VARIANCE ESTIMATE		
F VALUE	2-TAIL PROB.	T VALUE	DEGREES OF FREEDOM	2-TAIL PROB.	T VALUE	DEGREES OF FREEDOM	2-TAIL PROB.
1.07	.922	4.11	58	.000	4.17	33.21	.000

VARIABLE	NUMBER OF CASES	MEAN	STANDARD DEVIATION	STANDARD ERROR
PAIN DURATION				
GROUP 1	35	17.5714	21.511	3.636
GROUP 2	0	0	0	0

		POOLED VARIANCE ESTIMATE			SEPARATE VARIANCE ESTIMATE		
F VALUE	2-TAIL PROB.	T VALUE	DEGREES OF FREEDOM	2-TAIL PROB.	T VALUE	DEGREES OF FREEDOM	2-TAIL PROB.
0	1.000	4.83	34	.000	4.83	34.00	.000

VARIABLE	NUMBER OF CASES	MEAN	STANDARD DEVIATION	STANDARD ERROR
NUMBER OF NATURAL TEETH				
GROUP 1	41	10.0488	11.079	1.730
GROUP 2	18	16.3333	7.154	1.686

		POOLED VARIANCE ESTIMATE			SEPARATE VARIANCE ESTIMATE		
F VALUE	2-TAIL PROB.	T VALUE	DEGREES OF FREEDOM	2-TAIL PROB.	T VALUE	DEGREES OF FREEDOM	2-TAIL PROB.
2.40	.055	-2.21	57	.031	-2.60	48.70	.012

VARIABLE	NUMBER OF CASES	MEAN	STANDARD DEVIATION	STANDARD ERROR
TEETH INDEX				
GROUP 1	41	.7805	.822	.128
GROUP 2	18	1.4444	.511	.121

		POOLED VARIANCE ESTIMATE			SEPARATE VARIANCE ESTIMATE		
F VALUE	2-TAIL PROB.	T VALUE	DEGREES OF FREEDOM	2-TAIL PROB.	T VALUE	DEGREES OF FREEDOM	2-TAIL PROB.
2.58	.038	-3.16	57	.003	-3.77	50.07	.000

VARIABLE	NUMBER OF CASES	MEAN	STANDARD DEVIATION	STANDARD ERROR
CONTACTS				
GROUP 1	41	22.5122	8.286	1.294
GROUP 2	18	17.2222	8.922	2.103

		POOLED VARIANCE ESTIMATE			SEPARATE VARIANCE ESTIMATE		
F VALUE	2-TAIL PROB.	T VALUE	DEGREES OF FREEDOM	2-TAIL PROB.	T VALUE	DEGREES OF FREEDOM	2-TAIL PROB.
1.16	.677	2.21	57	.031	2.14	30.46	.040

VARIABLE	NUMBER OF CASES	MEAN	STANDARD DEVIATION	STANDARD ERROR
TREATMENT TIME				
GROUP 1	35	2.0286	1.505	.254
GROUP 2	0	0	0	0

		POOLED VARIANCE ESTIMATE			SEPARATE VARIANCE ESTIMATE		
F VALUE	2-TAIL PROB.	T VALUE	DEGREES OF FREEDOM	2-TAIL PROB.	T VALUE	DEGREES OF FREEDOM	2-TAIL PROB.
0	1.000	7.98	34	.000	7.98	34.00	.000

VARIABLE	NUMBER OF CASES	MEAN	STANDARD DEVIATION	STANDARD ERROR
TIME ELAPSED				
GROUP 1	35	7.8571	3.557	.601
GROUP 2	0	0	0	0

		POOLED VARIANCE ESTIMATE			SEPARATE VARIANCE ESTIMATE		
F VALUE	2-TAIL PROB.	T VALUE	DEGREES OF FREEDOM	2-TAIL PROB.	T VALUE	DEGREES OF FREEDOM	2-TAIL PROB.
0	1.000	13.07	34	.000	13.07	34.00	.000

VARIABLE	NUMBER OF CASES	MEAN	STANDARD DEVIATION	STANDARD ERROR
GENERAL HYPOCHONDRIASIS				
GROUP 1	42	1.7143	1.365	.288
GROUP 2	18	.3333	.485	.114

		POOLED VARIANCE ESTIMATE			SEPARATE VARIANCE ESTIMATE		
F VALUE	2-TAIL PROB.	T VALUE	DEGREES OF FREEDOM	2-TAIL PROB.	T VALUE	DEGREES OF FREEDOM	2-TAIL PROB.
14.78	.000	3.08	58	.003	4.46	51.85	.000

VARIABLE	NUMBER OF CASES	MEAN	STANDARD DEVIATION	STANDARD ERROR
DISEASE CONVICTION				
GROUP 1	42	2.3095	1.506	.232
GROUP 2	18	.8333	.707	.167

		POOLED VARIANCE ESTIMATE			SEPARATE VARIANCE ESTIMATE		
F VALUE	2-TAIL PROB.	T VALUE	DEGREES OF FREEDOM	2-TAIL PROB.	T VALUE	DEGREES OF FREEDOM	2-TAIL PROB.
4.54	.001	3.96	58	.000	5.16	57.40	.000

VARIABLE	NUMBER OF CASES	MEAN	STANDARD DEVIATION	STANDARD ERROR
PSYCHOLOGICAL V SOMATIC FOCUSING				
GROUP 1	42	1.3571	.879	.136
GROUP 2	18	2.0000	.594	.140

		POOLED VARIANCE ESTIMATE			SEPARATE VARIANCE ESTIMATE		
F VALUE	2-TAIL PROB.	T VALUE	DEGREES OF FREEDOM	2-TAIL PROB.	T VALUE	DEGREES OF FREEDOM	2-TAIL PROB.
2.19	.084	-2.83	58	.006	-3.30	46.76	.002

VARIABLE	NUMBER OF CASES	MEAN	STANDARD DEVIATION	STANDARD ERROR
AFFECTIVE INHIBITION				
GROUP 1	42	2.5476	1.329	.205
GROUP 2	18	2.0556	1.552	.366

		POOLED VARIANCE ESTIMATE			SEPARATE VARIANCE ESTIMATE		
F VALUE	2-TAIL PROB.	T VALUE	DEGREES OF FREEDOM	2-TAIL PROB.	T VALUE	DEGREES OF FREEDOM	2-TAIL PROB.
1.36	.409	1.25	58	.217	1.17	28.21	.251

VARIABLE	NUMBER OF CASES	MEAN	STANDARD DEVIATION	STANDARD ERROR
AFFECTIVE DISTURBANCE				
GROUP 1	42	3.1190	1.416	.219
GROUP 2	18	1.2222	1.353	.319

		POOLED VARIANCE ESTIMATE			SEPARATE VARIANCE ESTIMATE		
F VALUE	2-TAIL PROB.	T VALUE	DEGREES OF FREEDOM	2-TAIL PROB.	T VALUE	DEGREES OF FREEDOM	2-TAIL PROB.
1.10	.865	4.81	58	.000	4.91	33.68	.000

VARIABLE	NUMBER OF CASES	MEAN	STANDARD DEVIATION	STANDARD ERROR
DENIAL				
GROUP 1	42	3.3310	1.724	.266
GROUP 2	18	3.5000	1.790	.422

		POOLED VARIANCE ESTIMATE			SEPARATE VARIANCE ESTIMATE		
F VALUE	2-TAIL PROB.	T VALUE	DEGREES OF FREEDOM	2-TAIL PROB.	T VALUE	DEGREES OF FREEDOM	2-TAIL PROB.
1.08	.810	-.24	58	.809	-.24	31.16	.813

VARIABLE	NUMBER OF CASES	MEAN	STANDARD DEVIATION	STANDARD ERROR
IRRITABILITY				
GROUP 1	42	1.5238	1.502	.232
GROUP 2	18	.8889	1.079	.254

		POOLED VARIANCE ESTIMATE			SEPARATE VARIANCE ESTIMATE		
F VALUE	2-TAIL PROB.	T VALUE	DEGREES OF FREEDOM	2-TAIL PROB.	T VALUE	DEGREES OF FREEDOM	2-TAIL PROB.
1.94	.141	1.62	58	.111	1.85	44.30	.072

VARIABLE	NUMBER OF CASES	MEAN	STANDARD DEVIATION	STANDARD ERROR
AFFECTIVE STATE				
GROUP 1	42	6.3571	3.621	.559
GROUP 2	18	2.4444	1.822	.429

		POOLED VARIANCE ESTIMATE			SEPARATE VARIANCE ESTIMATE		
F VALUE	2-TAIL PROB.	T VALUE	DEGREES OF FREEDOM	2-TAIL PROB.	T VALUE	DEGREES OF FREEDOM	2-TAIL PROB.
3.95	.003	4.34	58	.000	5.55	56.33	.000

VARIABLE	NUMBER OF CASES	MEAN	STANDARD DEVIATION	STANDARD ERROR
DISEASE AFFIRMATION				
GROUP 1	42	5.9524	2.048	.316
GROUP 2	18	3.8333	.786	.185

		POOLED VARIANCE ESTIMATE			SEPARATE VARIANCE ESTIMATE		
F VALUE	2-TAIL PROB.	T VALUE	DEGREES OF FREEDOM	2-TAIL PROB.	T VALUE	DEGREES OF FREEDOM	2-TAIL PROB.
6.79	.000	4.24	58	.000	5.79	57.61	.000

VARIABLE	NUMBER OF CASES	MEAN	STANDARD DEVIATION	STANDARD ERROR
DISCRIMINANT FUNCTION				
GROUP 1	42	59.7071	15.902	2.454
GROUP 2	18	45.3167	8.227	1.939

		POOLED VARIANCE ESTIMATE			SEPARATE VARIANCE ESTIMATE		
F VALUE	2-TAIL PROB.	T VALUE	DEGREES OF FREEDOM	2-TAIL PROB.	T VALUE	DEGREES OF FREEDOM	2-TAIL PROB.
3.74	.005	3.62	58	.001	4.60	55.76	.000

VARIABLE	NUMBER OF CASES	MEAN	STANDARD DEVIATION	STANDARD ERROR
WHITELEY INDEX				
GROUP 1	42	3.6429	3.122	.482
GROUP 2	18	1.2778	.958	.226

		POOLED VARIANCE ESTIMATE			SEPARATE VARIANCE ESTIMATE		
F VALUE	2-TAIL PROB.	T VALUE	DEGREES OF FREEDOM	2-TAIL PROB.	T VALUE	DEGREES OF FREEDOM	2-TAIL PROB.
10.61	.000	3.14	58	.003	4.45	54.64	.000

VARIABLE	NUMBER OF CASES	MEAN	STANDARD DEVIATION	STANDARD ERROR
SPIELBERGER STATE SCORE				
GROUP 1	33	40.6667	12.368	2.153
GROUP 2	15	32.4667	6.812	1.759

		POOLED VARIANCE ESTIMATE			SEPARATE VARIANCE ESTIMATE		
F VALUE	2-TAIL PROB.	T VALUE	DEGREES OF FREEDOM	2-TAIL PROB.	T VALUE	DEGREES OF FREEDOM	2-TAIL PROB.
3.30	.021	2.40	46	.021	2.95	44.08	.005

VARIABLE	NUMBER OF CASES	MEAN	STANDARD DEVIATION	STANDARD ERROR
SPIELBERGER TRAIT SCORE				
GROUP 1	34	40.5294	9.026	1.548
GROUP 2	13	34.5385	7.912	2.194

		POOLED VARIANCE ESTIMATE			SEPARATE VARIANCE ESTIMATE		
F VALUE	2-TAIL PROB.	T VALUE	DEGREES OF FREEDOM	2-TAIL PROB.	T VALUE	DEGREES OF FREEDOM	2-TAIL PROB.
1.30	.646	2.10	45	.041	2.23	24.69	.035

VARIABLE	NUMBER OF CASES	MEAN	STANDARD DEVIATION	STANDARD ERROR
ZUNG DEPRESSION SCORE				
GROUP 1	27	40.2222	7.552	1.453
GROUP 2	10	35.0000	9.018	2.852

		POOLED VARIANCE ESTIMATE			SEPARATE VARIANCE ESTIMATE		
F VALUE	2-TAIL PROB.	T VALUE	DEGREES OF FREEDOM	2-TAIL PROB.	T VALUE	DEGREES OF FREEDOM	2-TAIL PROB.
1.43	.456	1.77	35	.085	1.63	13.96	.125

VARIABLE	NUMBER OF CASES	MEAN	STANDARD DEVIATION	STANDARD ERROR
LIFE EVENTS				
GROUP 1	42	322.4048	297.111	45.845
GROUP 2	18	147.0000	167.512	39.483

		POOLED VARIANCE ESTIMATE			SEPARATE VARIANCE ESTIMATE		
F VALUE	2-TAIL PROB.	T VALUE	DEGREES OF FREEDOM	2-TAIL PROB.	T VALUE	DEGREES OF FREEDOM	2-TAIL PROB.
3.15	.013	2.34	58	.023	2.90	53.45	.005

VARIABLE	NUMBER OF CASES	MEAN	STANDARD DEVIATION	STANDARD ERROR
SERIOUS EVENTS				
GROUP 1	42	247.6190	256.694	39.609
GROUP 2	18	102.4444	130.999	30.877

		POOLED VARIANCE ESTIMATE			SEPARATE VARIANCE ESTIMATE		
F VALUE	2-TAIL PROB.	T VALUE	DEGREES OF FREEDOM	2-TAIL PROB.	T VALUE	DEGREES OF FREEDOM	2-TAIL PROB.
3.84	.004	2.27	58	.027	2.89	56.05	.005

CHI SQUARE TEST

SEXUAL PROBLEMS

COUNT / ROW PCT / COL PCT / TOT PCT		7.	8.	ROW TOTAL
1.	COUNT	29	13	42
	ROW PCT	69.0	31.0	70.0
	COL PCT	63.0	92.9	
	TOT PCT	48.3	21.7	
2.	COUNT	17	1	18
	ROW PCT	94.4	5.6	30.0
	COL PCT	37.0	7.1	
	TOT PCT	28.3	1.7	
COLUMN TOTAL		46	14	60
		76.7	23.3	100.0

CORRECTED CHI SQ = 3.23425 1 D.F., SIG. = .0721
RAW CHI SQ = 4.54303 1 D.F., SIG. = .0331

RADIOGRAPHIC INDEX

COUNT / ROW PCT / COL PCT / TOT PCT		0	1.	2.	ROW TOTAL
1.	COUNT	5	6	22	33
	ROW PCT	15.2	18.2	66.7	70.2
	COL PCT	71.4	60.0	73.3	
	TOT PCT	10.6	12.8	46.8	
2.	COUNT	2	4	8	14
	ROW PCT	14.3	28.6	57.1	29.8
	COL PCT	28.6	40.0	26.7	
	TOT PCT	4.3	8.5	17.0	
COLUMN TOTAL		7	10	30	47
		14.9	21.3	63.8	100.0

RAW CHI SQ = .64333 WITH 2 D.F., SIG. = .7249

MISSING OBSERVATIONS - 13

MUSCLE INDEX

COUNT / ROW PCT / COL PCT / TOT PCT		0	1.	2.	ROW TOTAL
1.	COUNT	4	17	21	42
	ROW PCT	9.5	40.5	50.0	70.0
	COL PCT	25.0	73.9	100.0	
	TOT PCT	6.7	28.3	35.0	
2.	COUNT	12	6	0	18
	ROW PCT	66.7	33.3	0	30.0
	COL PCT	75.0	26.1	0	
	TOT PCT	20.0	10.0	0	
COLUMN TOTAL		16	23	21	60
		26.7	38.3	35.0	100.0

RAW CHI SQ = 24.59627 WITH 2 D.F., SIG. = .0000

TMJ INDEX

COUNT / ROW PCT / COL PCT / TOT PCT	0	1.	2.	ROW TOTAL
1.	4	22	16	42
	9.5	52.4	38.1	70.0
	30.8	73.3	94.1	
	6.7	36.7	26.7	
2.	9	8	1	18
	50.0	44.4	5.6	30.0
	69.2	26.7	5.9	
	15.0	13.3	1.7	
COLUMN TOTAL	13	30	17	60
	21.7	50.0	28.3	100.0

RAW CHI SQ = 14.39482 WITH 2 D.F., SIG. = .0007

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TEETH INDEX

COUNT / ROW PCT / COL PCT / TOT PCT	0	1.	2.	ROW TOTAL
1.	19	12	10	41
	46.3	29.3	24.4	69.5
	100.0	54.5	55.6	
	32.2	20.3	16.9	
2.	0	10	8	18
	0	55.6	44.4	30.5
	0	45.5	44.4	
	0	16.9	13.6	
COLUMN TOTAL	19	22	18	59
	32.2	37.3	30.5	100.0

RAW CHI SQ = 12.30842 WITH 2 D.F., SIG. = .0021

MISSING OBSERVATIONS = 1

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CLINICAL INDEX

COUNT / ROW PCT / COL PCT / TOT PCT	0	1.	2.	ROW TOTAL
1.	1	27	14	42
	2.4	64.3	33.3	70.0
	16.7	67.5	100.0	
	1.7	45.0	23.3	
2.	5	13	0	18
	27.8	72.2	0	30.0
	83.3	32.5	0	
	8.3	21.7	0	
COLUMN TOTAL	6	40	14	60
	10.0	66.7	23.3	100.0

RAW CHI SQ = 14.24603 WITH 2 D.F., SIG. = .0008

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ANAMNESTIC INDEX

COUNT ROW PCT COL PCT TOT PCT	0	2.	ROW TOTAL
1.	0 0 0 0	42 100.0 97.7 70.0	42 70.0
2.	17 94.4 100.0 28.3	1 5.6 2.3 1.7	18 30.0
COLUMN TOTAL	17 28.3	43 71.7	60 100.0

CORRECTED CHI SQ = 50.79539 1 D.F., SIG. = .0000
RAW CHI SQ = 55.34884 1 D.F., SIG. = .0000

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COUNTRY

COUNT ROW PCT COL PCT TOT PCT	1.	2.	3.	4.	6.	ROW TOTAL
1.	22 52.4 66.7 36.7	9 21.4 90.0 15.0	0 0 0 0	1 2.4 50.0 1.7	10 23.8 71.4 16.7	42 70.0
2.	11 61.1 33.3 18.3	1 5.6 10.0 1.7	1 5.6 100.0 1.7	1 5.6 50.0 1.7	4 22.2 28.6 6.7	18 30.0
COLUMN TOTAL	33 55.0	10 16.7	1 1.7	2 3.3	14 23.3	60 100.0

RAW CHI SQ = 4.80726 WITH 4 D.F., SIG. = .3077

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TOTAL TEETH INDEX

COUNT ROW PCT COL PCT TOT PCT	1.	2.	ROW TOTAL
1.	3 7.3 50.0 5.1	38 92.7 71.7 64.4	41 69.5
2.	3 16.7 50.0 5.1	15 83.3 28.3 25.4	18 30.5
COLUMN TOTAL	6 10.2	53 89.8	59 100.0

CORRECTED CHI SQ = .39225 1 D.F., SIG. = .5311
RAW CHI SQ = 1.19692 1 D.F., SIG. = .2739

MISSING OBSERVATIONS - 1

OCCUPATION

COUNT / ROW PCT / COL PCT / TOT PCT	1.	2.	3.	5.	7.	ROW TOTAL
1.	3 7.1 50.0 5.0	21 50.0 77.8 35.0	1 2.4 33.3 1.7	1 2.4 50.0 1.7	13 31.0 76.5 21.7	42 70.0
2.	3 16.7 50.0 5.0	6 33.3 22.2 10.0	2 11.1 66.7 3.3	1 5.6 50.0 1.7	4 22.2 23.5 6.7	18 30.0
COLUMN TOTAL	6 10.0	27 45.0	3 5.0	2 3.3	17 28.3	60 100.0

OCCUPATION

COUNT / ROW PCT / COL PCT / TOT PCT	8.	9.	ROW TOTAL
1.	1 2.4 50.0 1.7	2 4.8 66.7 3.3	42 70.0
2.	1 5.6 50.0 1.7	1 5.6 33.3 1.7	18 30.0
COLUMN TOTAL	2 3.3	3 5.0	60 100.0

RAW CHI SQ = 4.95798 WITH 6 D.F., SIG. = .5492

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CURED

COUNT / ROW PCT / COL PCT / TOT PCT	0	1.	ROW TOTAL
1.	19 57.6 100.0 57.6	14 42.4 100.0 42.4	33 100.0
COLUMN TOTAL	19 57.6	14 42.4	33 100.0

MISSING OBSERVATIONS - 27

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INITIAL TREATMENT

COUNT / ROW PCT / COL PCT / TOT PCT	1.	3.	4.	7.	ROW TOTAL
1.	29 85.3 100.0 85.3	1 2.9 100.0 2.9	1 2.9 100.0 2.9	3 8.8 100.0 8.8	34 100.0
COLUMN TOTAL	29 85.3	1 2.9	1 2.9	3 8.8	34 100.0

MISSING OBSERVATIONS - 26

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MANN WHITNEY U TEST

SERIOUS EVENTS

GROUP = 1.		GROUP = 2.	
MEAN RANK	NUMBER	MEAN RANK	NUMBER
33.74	42	22.94	18

U	W	CORRECTED FOR TIES Z	2-TAILED P
242.0	413.0	2.2153	.0267

LIFE EVENTS

GROUP = 1.		GROUP = 2.	
MEAN RANK	NUMBER	MEAN RANK	NUMBER
34.00	42	22.33	18

U	W	CORRECTED FOR TIES Z	2-TAILED P
231.0	402.0	2.3768	.0175

ZUNG DEPRESSION SCORE

GROUP = 1.		GROUP = 2.	
MEAN RANK	NUMBER	MEAN RANK	NUMBER
20.70	27	14.40	10

U	W	EXACT 2-TAILED P	CORRECTED FOR TIES Z	2-TAILED P
89.0	144.0	.1210	1.5761	.1150

SPIELBERGER TRAIT SCORE

GROUP = 1.		GROUP = 2.	
MEAN RANK	NUMBER	MEAN RANK	NUMBER
26.65	34	17.08	13

U	W	CORRECTED FOR TIES Z	2-TAILED P
131.0	222.0	2.1429	.0321

SPIELBERGER STATE SCORE

GROUP = 1.		GROUP = 2.	
MEAN RANK	NUMBER	MEAN RANK	NUMBER
27.21	33	18.53	15

U	W	CORRECTED FOR TIES Z	2-TAILED P
158.0	278.0	1.9939	.0462

WHITELEY INDEX

GROUP = 1.		GROUP = 2.	
MEAN RANK	NUMBER	MEAN RANK	NUMBER
35.00	42	20.00	18

U	W	Z (CORRECTED FOR TIES)	2-TAILED P (CORRECTED FOR TIES)
189.0	360.0	3.0901	.0020

DISCRIMINANT FUNCTION

GROUP = 1.		GROUP = 2.	
MEAN RANK	NUMBER	MEAN RANK	NUMBER
35.54	42	18.75	18

U	W	Z (CORRECTED FOR TIES)	2-TAILED P (CORRECTED FOR TIES)
166.5	337.5	3.4124	.0006

DISEASE AFFIRMATION

GROUP = 1.		GROUP = 2.	
MEAN RANK	NUMBER	MEAN RANK	NUMBER
36.04	42	17.58	18

U	W	Z (CORRECTED FOR TIES)	2-TAILED P (CORRECTED FOR TIES)
145.5	316.5	3.8008	.0001

AFFECTIVE STATE

GROUP = 1.		GROUP = 2.	
MEAN RANK	NUMBER	MEAN RANK	NUMBER
36.39	42	16.75	18

U	W	Z (CORRECTED FOR TIES)	2-TAILED P (CORRECTED FOR TIES)
130.5	301.5	4.0108	.0001

GENERAL HYPOCHONDRIASIS

GROUP = 1.		GROUP = 2.	
MEAN RANK	NUMBER	MEAN RANK	NUMBER
35.07	42	19.83	18

U	W	Z (CORRECTED FOR TIES)	2-TAILED P (CORRECTED FOR TIES)
186.0	357.0	3.2685	.0011

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                                                                                    8.2.70
          DISEASE CONVICTION

GROUP            =             1.      GROUP           =              2.
MEAN RANK              NUMBER         MEAN RANK             NUMBER
    35.86                  42              18.00                18

                                          CORRECTED FOR TIES
    U                   W                     Z        2-TAILED P
  153.0               324.0                3.7303         .0002

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          PSYCHOLOGICAL V SOMATIC FOCUSING

GROUP            =             1.      GROUP           =              2.
MEAN RANK              NUMBER         MEAN RANK             NUMBER
    26.92                  42              39.08                18

                                          CORRECTED FOR TIES
    U                   W                     Z        2-TAILED P
  223.5               703.5               -2.6856         .0072

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          AFFECTIVE INHIBITION

GROUP            =             1.      GROUP           =              2.
MEAN RANK              NUMBER         MEAN RANK             NUMBER
    32.24                  42              26.44                18

                                          CORRECTED FOR TIES
    U                   W                     Z        2-TAILED P
  305.0               476.0                1.2064         .2277

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          AFFECTIVE DISTURBANCE

GROUP            =             1.      GROUP           =              2.
MEAN RANK              NUMBER         MEAN RANK             NUMBER
    36.36                  42              16.83                18

                                          CORRECTED FOR TIES
    U                   W                     Z        2-TAILED P
  132.0               303.0                4.0451         .0001

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          DENIAL

GROUP            =             1.      GROUP           =              2.
MEAN RANK              NUMBER         MEAN RANK             NUMBER
    30.20                  42              31.19                18

                                          CORRECTED FOR TIES
    U                   W                     Z        2-TAILED P
  365.5               561.5               -.2094          .8341

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IRRITABILITY

GROUP	=	1.	GROUP	=	2.
MEAN RANK	NUMBER		MEAN RANK	NUMBER	
32.52	42		25.78	18	

		CORRECTED FOR TIES	
U	W	Z	2-TAILED P
293.0	464.0	1.4342	.1515

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A P P E N D I X V

PART B

SECTION 2

(Pages B.2.72 to B.2.87).

5. This section describes statistical analysis between two groups who were all the patients in the study who had either:

   (a) TMJ Dysfunction (Group 1), or
   (b) Dental pain (i.e. controls) (Group 2).

T TEST

VARIABLE	NUMBER OF CASES	MEAN	STANDARD DEVIATION	STANDARD ERROR
AGE				
GROUP 1	103	40.2913	19.740	1.945
GROUP 2	53	38.9811	17.037	2.340

		POOLED VARIANCE ESTIMATE			SEPARATE VARIANCE ESTIMATE		
F VALUE	2-TAIL PROB.	T VALUE	DEGREES OF FREEDOM	2-TAIL PROB.	T VALUE	DEGREES OF FREEDOM	2-TAIL PROB.
1.34	.242	.41	154	.682	.43	119.57	.668

VARIABLE	NUMBER OF CASES	MEAN	STANDARD DEVIATION	STANDARD ERROR
ANAMNESTIC INDEX				
GROUP 1	103	1.9612	.277	.027
GROUP 2	53	.7170	.968	.133

		POOLED VARIANCE ESTIMATE			SEPARATE VARIANCE ESTIMATE		
F VALUE	2-TAIL PROB.	T VALUE	DEGREES OF FREEDOM	2-TAIL PROB.	T VALUE	DEGREES OF FREEDOM	2-TAIL PROB.
12.19	.000	12.14	154	.000	9.16	56.43	.000

VARIABLE	NUMBER OF CASES	MEAN	STANDARD DEVIATION	STANDARD ERROR
CLINICAL INDEX				
GROUP 1	103	1.4078	.513	.051
GROUP 2	46	.5435	.504	.074

		POOLED VARIANCE ESTIMATE			SEPARATE VARIANCE ESTIMATE		
F VALUE	2-TAIL PROB.	T VALUE	DEGREES OF FREEDOM	2-TAIL PROB.	T VALUE	DEGREES OF FREEDOM	2-TAIL PROB.
1.04	.907	9.55	147	.000	9.62	88.08	.000

8.2.73

VARIABLE	NUMBER OF CASES	MEAN	STANDARD DEVIATION	STANDARD ERROR
MUSCLE INDEX				
GROUP 1	103	1.4757	.639	.063
GROUP 2	46	.2826	.455	.067

		POOLED VARIANCE ESTIMATE			SEPARATE VARIANCE ESTIMATE		
F VALUE	2-TAIL PROB.	T VALUE	DEGREES OF FREEDOM	2-TAIL PROB.	T VALUE	DEGREES OF FREEDOM	2-TAIL PROB.
1.97	.012	11.42	147	.000	12.96	118.59	.000

VARIABLE	NUMBER OF CASES	MEAN	STANDARD DEVIATION	STANDARD ERROR
TMJ INDEX				
GROUP 1	103	1.4466	.622	.061
GROUP 2	46	.3696	.532	.078

		POOLED VARIANCE ESTIMATE			SEPARATE VARIANCE ESTIMATE		
F VALUE	2-TAIL PROB.	T VALUE	DEGREES OF FREEDOM	2-TAIL PROB.	T VALUE	DEGREES OF FREEDOM	2-TAIL PROB.
1.37	.239	10.19	147	.000	10.93	100.30	.000

VARIABLE	NUMBER OF CASES	MEAN	STANDARD DEVIATION	STANDARD ERROR
NUMBER OF NATURAL TEETH				
GROUP 1	100	19.6100	11.203	1.120
GROUP 2	47	22.7234	7.503	1.094

		POOLED VARIANCE ESTIMATE			SEPARATE VARIANCE ESTIMATE		
F VALUE	2-TAIL PROB.	T VALUE	DEGREES OF FREEDOM	2-TAIL PROB.	T VALUE	DEGREES OF FREEDOM	2-TAIL PROB.
2.23	.003	-1.73	145	.086	-1.99	127.74	.049

VARIABLE	NUMBER OF CASES	MEAN	STANDARD DEVIATION	STANDARD ERROR
TEETH INDEX				
GROUP 1	100	1.4600	.809	.081
GROUP 2	47	1.7447	.441	.064

		POOLED VARIANCE ESTIMATE			SEPARATE VARIANCE ESTIMATE		
F VALUE	2-TAIL PROB.	T VALUE	DEGREES OF FREEDOM	2-TAIL PROB.	T VALUE	DEGREES OF FREEDOM	2-TAIL PROB.
3.37	.000	-2.26	145	.026	-2.75	141.82	.007

VARIABLE	NUMBER OF CASES	MEAN	STANDARD DEVIATION	STANDARD ERROR
CONTACTS				
GROUP 1	100	24.4900	6.455	.645
GROUP 2	47	22.1489	8.222	1.199

		POOLED VARIANCE ESTIMATE			SEPARATE VARIANCE ESTIMATE		
F VALUE	2-TAIL PROB.	T VALUE	DEGREES OF FREEDOM	2-TAIL PROB.	T VALUE	DEGREES OF FREEDOM	2-TAIL PROB.
1.62	.046	1.87	145	.063	1.72	73.64	.090

VARIABLE	NUMBER OF CASES	MEAN	STANDARD DEVIATION	STANDARD ERROR
GENERAL HYPOCHONDRIASIS				
GROUP 1	103	1.4854	1.714	.169
GROUP 2	53	1.2075	1.725	.237

		POOLED VARIANCE ESTIMATE			SEPARATE VARIANCE ESTIMATE		
F VALUE	2-TAIL PROB.	T VALUE	DEGREES OF FREEDOM	2-TAIL PROB.	T VALUE	DEGREES OF FREEDOM	2-TAIL PROB.
1.01	.938	.96	154	.340	.96	104.52	.342

VARIABLE	NUMBER OF CASES	MEAN	STANDARD DEVIATION	STANDARD ERROR
DISEASE CONVICTION				
GROUP 1	103	2.0097	1.511	.149
GROUP 2	53	1.2075	1.150	.158

F VALUE	2-TAIL PROB.	POOLED VARIANCE ESTIMATE T VALUE	DEGREES OF FREEDOM	2-TAIL PROB.	SEPARATE VARIANCE ESTIMATE T VALUE	DEGREES OF FREEDOM	2-TAIL PROB.
1.73	.031	3.39	154	.001	3.70	132.29	.000

VARIABLE	NUMBER OF CASES	MEAN	STANDARD DEVIATION	STANDARD ERROR
PSYCHOLOGICAL V SOMATIC FOCUSING				
GROUP 1	103	1.6505	.915	.090
GROUP 2	53	2.0377	.678	.093

F VALUE	2-TAIL PROB.	POOLED VARIANCE ESTIMATE T VALUE	DEGREES OF FREEDOM	2-TAIL PROB.	SEPARATE VARIANCE ESTIMATE T VALUE	DEGREES OF FREEDOM	2-TAIL PROB.
1.82	.018	-2.72	154	.007	-2.99	134.76	.003

VARIABLE	NUMBER OF CASES	MEAN	STANDARD DEVIATION	STANDARD ERROR
AFFECTIVE INHIBITION				
GROUP 1	103	2.3495	1.557	.153
GROUP 2	53	2.2642	1.677	.230

F VALUE	2-TAIL PROB.	POOLED VARIANCE ESTIMATE T VALUE	DEGREES OF FREEDOM	2-TAIL PROB.	SEPARATE VARIANCE ESTIMATE T VALUE	DEGREES OF FREEDOM	2-TAIL PROB.
1.16	.519	.32	154	.753	.31	98.49	.758

VARIABLE	NUMBER OF CASES	MEAN	STANDARD DEVIATION	STANDARD ERROR
AFFECTIVE DISTURBANCE				
GROUP 1	103	2.3495	1.619	.160
GROUP 2	53	1.6038	1.573	.216

		POOLED VARIANCE ESTIMATE			SEPARATE VARIANCE ESTIMATE		
F VALUE	2-TAIL PROB.	T VALUE	DEGREES OF FREEDOM	2-TAIL PROB.	T VALUE	DEGREES OF FREEDOM	2-TAIL PROB.
1.06	.832	2.75	154	.007	2.73	107.82	.006

VARIABLE	NUMBER OF CASES	MEAN	STANDARD DEVIATION	STANDARD ERROR
DENIAL				
GROUP 1	103	3.1165	1.611	.159
GROUP 2	53	2.6792	1.673	.230

		POOLED VARIANCE ESTIMATE			SEPARATE VARIANCE ESTIMATE		
F VALUE	2-TAIL PROB.	T VALUE	DEGREES OF FREEDOM	2-TAIL PROB.	T VALUE	DEGREES OF FREEDOM	2-TAIL PROB.
1.08	.733	1.58	154	.115	1.57	101.64	.121

VARIABLE	NUMBER OF CASES	MEAN	STANDARD DEVIATION	STANDARD ERROR
IRRITABILITY				
GROUP 1	103	2.0291	1.618	.159
GROUP 2	53	1.7925	1.536	.211

		POOLED VARIANCE ESTIMATE			SEPARATE VARIANCE ESTIMATE		
F VALUE	2-TAIL PROB.	T VALUE	DEGREES OF FREEDOM	2-TAIL PROB.	T VALUE	DEGREES OF FREEDOM	2-TAIL PROB.
1.11	.690	.88	154	.380	.89	110.01	.373

VARIABLE	NUMBER OF CASES	MEAN	STANDARD DEVIATION	STANDARD ERROR
AFFECTIVE STATE				
GROUP 1	103	5.6641	3.678	.362
GROUP 2	53	4.6038	3.934	.540

		POOLED VARIANCE ESTIMATE			SEPARATE VARIANCE ESTIMATE		
F VALUE	2-TAIL PROB.	T VALUE	DEGREES OF FREEDOM	2-TAIL PROB.	T VALUE	DEGREES OF FREEDOM	2-TAIL PROB.
1.14	.556	1.98	154	.050	1.94	99.09	.056

VARIABLE	NUMBER OF CASES	MEAN	STANDARD DEVIATION	STANDARD ERROR
DISEASE AFFIRMATION				
GROUP 1	103	5.3592	2.057	.203
GROUP 2	53	4.1698	1.355	.186

		POOLED VARIANCE ESTIMATE			SEPARATE VARIANCE ESTIMATE		
F VALUE	2-TAIL PROB.	T VALUE	DEGREES OF FREEDOM	2-TAIL PROB.	T VALUE	DEGREES OF FREEDOM	2-TAIL PROB.
2.31	.001	3.80	154	.000	4.32	144.72	.000

VARIABLE	NUMBER OF CASES	MEAN	STANDARD DEVIATION	STANDARD ERROR
DISCRIMINANT FUNCTION				
GROUP 1	103	54.4903	15.723	1.549
GROUP 2	53	44.9698	10.663	1.465

		POOLED VARIANCE ESTIMATE			SEPARATE VARIANCE ESTIMATE		
F VALUE	2-TAIL PROB.	T VALUE	DEGREES OF FREEDOM	2-TAIL PROB.	T VALUE	DEGREES OF FREEDOM	2-TAIL PROB.
2.17	.002	3.96	154	.000	4.47	142.50	.000

VARIABLE	NUMBER OF CASES	MEAN	STANDARD DEVIATION	STANDARD ERROR
WHITELEY INDEX				
GROUP 1	103	3.3204	2.904	.286
GROUP 2	53	2.2453	2.047	.281

		POOLED VARIANCE ESTIMATE			SEPARATE VARIANCE ESTIMATE		
F VALUE	2-TAIL PROB.	T VALUE	DEGREES OF FREEDOM	2-TAIL PROB.	T VALUE	DEGREES OF FREEDOM	2-TAIL PROB.
2.01	.006	2.40	154	.017	2.68	139.33	.008

VARIABLE	NUMBER OF CASES	MEAN	STANDARD DEVIATION	STANDARD ERROR
SPIELBERGER STATE SCORE				
GROUP 1	92	38.8261	11.652	1.215
GROUP 2	48	39.0000	12.634	1.824

		POOLED VARIANCE ESTIMATE			SEPARATE VARIANCE ESTIMATE		
F VALUE	2-TAIL PROB.	T VALUE	DEGREES OF FREEDOM	2-TAIL PROB.	T VALUE	DEGREES OF FREEDOM	2-TAIL PROB.
1.18	.505	-.08	138	.935	-.08	88.93	.937

VARIABLE	NUMBER OF CASES	MEAN	STANDARD DEVIATION	STANDARD ERROR
SPIELBERGER TRAIT SCORE				
GROUP 1	91	39.7692	10.575	1.109
GROUP 2	46	38.6522	10.242	1.510

		POOLED VARIANCE ESTIMATE			SEPARATE VARIANCE ESTIMATE		
F VALUE	2-TAIL PROB.	T VALUE	DEGREES OF FREEDOM	2-TAIL PROB.	T VALUE	DEGREES OF FREEDOM	2-TAIL PROB.
1.07	.828	.59	135	.556	.60	93.05	.552

VARIABLE	NUMBER OF CASES	MEAN	STANDARD DEVIATION	STANDARD ERROR
ZUNG DEPRESSION SCORE				
GROUP 1	81	37.6543	9.578	1.064
GROUP 2	43	35.9302	10.981	1.675

		POOLED VARIANCE ESTIMATE			SEPARATE VARIANCE ESTIMATE		
F VALUE	2-TAIL PROB.	T VALUE	DEGREES OF FREEDOM	2-TAIL PROB.	T VALUE	DEGREES OF FREEDOM	2-TAIL PROB.
1.31	.293	.91	122	.367	.87	76.24	.389

VARIABLE	NUMBER OF CASES	MEAN	STANDARD DEVIATION	STANDARD ERROR
LIFE EVENTS				
GROUP 1	102	396.4902	324.365	32.166
GROUP 2	53	345.9057	268.133	36.831

		POOLED VARIANCE ESTIMATE			SEPARATE VARIANCE ESTIMATE		
F VALUE	2-TAIL PROB.	T VALUE	DEGREES OF FREEDOM	2-TAIL PROB.	T VALUE	DEGREES OF FREEDOM	2-TAIL PROB.
1.47	.128	.97	153	.332	1.03	124.34	.303

VARIABLE	NUMBER OF CASES	MEAN	STANDARD DEVIATION	STANDARD ERROR
SERIOUS EVENTS				
GROUP 1	102	290.5000	262.907	26.032
GROUP 2	53	241.1509	216.807	29.781

		POOLED VARIANCE ESTIMATE			SEPARATE VARIANCE ESTIMATE		
F VALUE	2-TAIL PROB.	T VALUE	DEGREES OF FREEDOM	2-TAIL PROB.	T VALUE	DEGREES OF FREEDOM	2-TAIL PROB.
1.47	.126	1.17	153	.242	1.25	124.42	.215

CHI SQUARE TEST

SEXUAL PROBLEMS

COUNT / ROW PCT / COL PCT / TOT PCT	7.	3.	ROW TOTAL
1.	74 72.5 62.7 47.7	28 27.5 75.7 18.1	102 65.8
2.	44 83.0 37.3 28.4	9 17.0 24.3 5.8	53 34.2
COLUMN TOTAL	118 76.1	37 23.9	155 100.0

CORRECTED CHI SQ = 1.56712 1 D.F., SIG. = .2106
RAW CHI SQ = 2.10380 1 D.F., SIG. = .1469

MISSING OBSERVATIONS - 1

RADIOGRAPHIC INDEX

COUNT / ROW PCT / COL PCT / TOT PCT	0	1.	2.	ROW TOTAL
1.	13 23.6 61.9 15.7	8 14.5 61.5 9.6	34 61.8 69.4 41.0	55 66.3
2.	8 28.6 38.1 9.6	5 17.9 38.5 6.0	15 53.6 30.6 18.1	28 33.7
COLUMN TOTAL	21 25.3	13 15.7	49 59.0	83 100.0

RAW CHI SQ = .52226 WITH 2 D.F., SIG. = .7702

MISSING OBSERVATIONS - 73

MUSCLE INDEX

COUNT / ROW PCT / COL PCT / TOT PCT	0	1.	2.	ROW TOTAL
1.	8 7.8 19.5 5.4	38 36.9 74.5 25.5	57 55.3 100.0 38.3	103 69.1
2.	33 71.7 80.5 22.1	13 28.3 25.5 8.7	0 0 0 0	46 30.9
COLUMN TOTAL	41 27.5	51 34.2	57 38.3	149 100.0

RAW CHI SQ = 73.44116 WITH 2 D.F., SIG. = .0000

MISSING OBSERVATIONS - 7

TMJ INDEX

COUNT ROW PCT COL PCT TOT PCT	0	1.	2.	ROW TOTAL
1.	7 6.8 18.9 4.7	43 41.7 74.1 28.9	53 51.5 98.1 35.6	103 69.1
2.	30 65.2 81.1 20.1	15 32.6 25.9 10.1	1 2.2 1.9 .7	46 30.9
COLUMN TOTAL	37 24.8	58 38.9	54 36.2	149 100.0

RAW CHI SQ = 65.69777 WITH 2 D.F., SIG. = .0000

MISSING OBSERVATIONS - 7

TEETH INDEX

COUNT ROW PCT COL PCT TOT PCT	0	1.	2.	ROW TOTAL
1.	20 20.0 100.0 13.6	14 14.0 53.8 9.5	66 66.0 65.3 44.9	100 68.0
2.	0 0 0 0	12 25.5 46.2 8.2	35 74.5 34.7 23.8	47 32.0
COLUMN TOTAL	20 13.6	26 17.7	101 68.7	147 100.0

RAW CHI SQ = 12.13765 WITH 2 D.F., SIG. = .0023

MISSING OBSERVATIONS - 9

CLINICAL INDEX

COUNT ROW PCT COL PCT TOT PCT	0	1.	2.	ROW TOTAL
1.	1 1.0 4.5 .7	59 57.3 70.2 39.6	43 41.7 100.0 28.9	103 69.1
2.	21 45.7 95.5 14.1	25 54.3 29.8 16.8	0 0 0 0	46 30.9
COLUMN TOTAL	22 14.8	84 56.4	43 28.9	149 100.0

RAW CHI SQ = 62.24803 WITH 2 D.F., SIG. = .0000

MISSING OBSERVATIONS - 7

ANAMNESTIC INDEX

COUNT / ROW PCT / COL PCT / TOT PCT	0.	2.	ROW TOTAL
1.	2 1.9 5.6 1.3	101 98.1 84.2 64.7	103 66.0
2.	34 64.2 94.4 21.8	19 35.8 15.8 12.2	53 34.0
COLUMN TOTAL	36 23.1	120 76.9	156 100.0

CORRECTED CHI SQ = 72.82500 1 D.F., SIG. = .0000
RAW CHI SQ = 76.23921 1 D.F., SIG. = .0000

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COUNTRY

COUNT / ROW PCT / COL PCT / TOT PCT	1.	2.	3.	4.	6.	ROW TOTAL
1.	64 62.1 63.4 41.0	22 21.4 81.5 14.1	2 1.9 66.7 1.3	2 1.9 66.7 1.3	13 12.6 59.1 8.3	103 66.0
2.	37 69.8 36.6 23.7	5 9.4 18.5 3.2	1 1.9 33.3 .6	1 1.9 33.3 .6	9 17.0 40.9 5.8	53 34.0
COLUMN TOTAL	101 64.7	27 17.3	3 1.9	3 1.9	22 14.1	156 100.0

RAW CHI SQ = 3.66648 WITH 4 D.F., SIG. = .4530

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TOTAL TEETH INDEX

COUNT / ROW PCT / COL PCT / TOT PCT	1.	2.	ROW TOTAL
1.	4 4.0 44.4 2.7	96 96.0 69.6 65.3	100 68.0
2.	5 10.6 55.6 3.4	42 89.4 30.4 28.6	47 32.0
COLUMN TOTAL	9 6.1	138 93.9	147 100.0

CORRECTED CHI SQ = 1.43243 1 D.F., SIG. = .2314
RAW CHI SQ = 2.45136 1 D.F., SIG. = .1174

MISSING OBSERVATIONS - 9

OCCUPATION

COUNT / ROW PCT / COL PCT / TOT PCT	1.	2.	3.	5.	6.	ROW TOTAL
1.	4 3.9 57.1 2.6	33 32.0 70.2 21.2	14 13.6 73.7 9.0	6 5.8 60.0 3.8	1 1.0 33.3 .6	103 66.0
2.	3 5.7 42.9 1.9	14 26.4 29.8 9.0	5 9.4 26.3 3.2	4 7.5 40.0 2.6	2 3.8 66.7 1.3	53 34.0
COLUMN TOTAL	7 4.5	47 30.1	19 12.2	10 6.4	3 1.9	156 100.0

OCCUPATION

COUNT / ROW PCT / COL PCT / TOT PCT	7.	8.	9.	ROW TOTAL
1.	14 13.6 73.7 9.0	12 11.7 50.0 7.7	19 18.4 70.4 12.2	103 66.0
2.	5 9.4 26.3 3.2	12 22.6 50.0 7.7	8 15.1 29.6 5.1	53 34.0
COLUMN TOTAL	19 12.2	24 15.4	27 17.3	156 100.0

RAW CHI SQ = 6.17338 WITH 7 D.F., SIG. = .5197

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MANN WHITNEY U TEST

SERIOUS EVENTS

GROUP = 1.			GROUP = 2.		
MEAN RANK	NUMBER		MEAN RANK	NUMBER	
80.48	102		73.24	53	
			CORRECTED FOR TIES		
U	W		Z	2-TAILED P	
2450.5	3881.5		.9535	.3403	

LIFE EVENTS

GROUP = 1.			GROUP = 2.		
MEAN RANK	NUMBER		MEAN RANK	NUMBER	
79.84	102		74.45	53	
			CORRECTED FOR TIES		
U	W		Z	2-TAILED P	
2515.0	3946.0		.7094	.4781	

ZUNG DEPRESSION SCORE

GROUP = 1.			GROUP = 2.		
MEAN RANK	NUMBER		MEAN RANK	NUMBER	
65.47	81		56.91	43	
			CORRECTED FOR TIES		
U	W		Z	2-TAILED P	
1501.0	2447.0		1.2635	.2064	

SPIELBERGER TRAIT SCORE

GROUP = 1.			GROUP = 2.		
MEAN RANK	NUMBER		MEAN RANK	NUMBER	
70.35	91		66.33	46	
			CORRECTED FOR TIES		
U	W		Z	2-TAILED P	
1970.0	3051.0		.5610	.5748	

SPIELBERGER STATE SCORE

GROUP = 1.			GROUP = 2.		
MEAN RANK	NUMBER		MEAN RANK	NUMBER	
70.17	92		71.12	48	
			CORRECTED FOR TIES		
U	W		Z	2-TAILED P	
2178.0	3414.0		-.1318	.8951	

```
        WHITELEY INDEX

GROUP          =          1.      GROUP          =          2.
MEAN RANK          NUMBER         MEAN RANK          NUMBER
    84.20             103             67.42              53

                                  CORRECTED FOR TIES
     U                 W               Z          2-TAILED P
  2142.0            3573.0          2.2274           .0259
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      DISCRIMINANT FUNCTION

GROUP          =          1.      GROUP          =          2.
MEAN RANK          NUMBER         MEAN RANK          NUMBER
    88.57             103             58.92              53

                                  CORRECTED FOR TIES
     U                 W               Z          2-TAILED P
  1692.0            3123.0          3.8824           .0001
```

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       DISEASE AFFIRMATION

GROUP          =          1.      GROUP          =          2.
MEAN RANK          NUMBER         MEAN RANK          NUMBER
    88.40             103             59.25              53

                                  CORRECTED FOR TIES
     U                 W               Z          2-TAILED P
  1709.5            3140.5          3.8832           .0001
```

```
      AFFECTIVE STATE

GROUP          =          1.      GROUP          =          2.
MEAN RANK          NUMBER         MEAN RANK          NUMBER
    85.04             103             65.76              53

                                  CORRECTED FOR TIES
     U                 W               Z          2-TAILED P
  2055.5            3486.5          2.5333           .0113
```

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        GENERAL HYPOCHONDRIASIS

GROUP          =          1.      GROUP          =          2.
MEAN RANK          NUMBER         MEAN RANK          NUMBER
    82.29             103             71.14              53

                                  CORRECTED FOR TIES
     U                 W               Z          2-TAILED P
  2339.5            3770.5          1.5268           .1268
```

DISEASE CONVICTION

GROUP	=	1.	GROUP	=	2.
MEAN RANK		NUMBER	MEAN RANK		NUMBER
87.24		103	61.51		53
			CORRECTED FOR TIES		
U		W	Z		2-TAILED P
1929.0		3260.0	3.4676		.0005

PSYCHOLOGICAL V SOMATIC FOCUSING

GROUP	=	1.	GROUP	=	2.
MEAN RANK		NUMBER	MEAN RANK		NUMBER
71.92		103	91.29		53
			CORRECTED FOR TIES		
U		W	Z		2-TAILED P
2051.5		4838.5	-2.7530		.0059

AFFECTIVE INHIBITION

GROUP	=	1.	GROUP	=	2.
MEAN RANK		NUMBER	MEAN RANK		NUMBER
79.45		103	76.66		53
			CORRECTED FOR TIES		
U		W	Z		2-TAILED P
2632.0		4063.0	.3714		.7103

AFFECTIVE DISTURBANCE

GROUP	=	1.	GROUP	=	2.
MEAN RANK		NUMBER	MEAN RANK		NUMBER
85.49		103	64.92		53
			CORRECTED FOR TIES		
U		W	Z		2-TAILED P
2009.5		3440.5	2.7445		.0061

DENIAL

GROUP	=	1.	GROUP	=	2.
MEAN RANK		NUMBER	MEAN RANK		NUMBER
82.52		103	70.69		53
			CORRECTED FOR TIES		
U		W	Z		2-TAILED P
2315.5		3746.5	1.5769		.1148

3.2.87

```
IRRITABILITY

GROUP          =          1.      GROUP          =          2.
MEAN RANK          NUMBER         MEAN RANK          NUMBER
   80.70              103            74.22               53

                                   CORRECTED FOR TIES
    U                 W              Z         2-TAILED P
 2502.5            3933.5          .8690          .3849
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A P P E N D I X V

PART B

SECTION 2

(Pages B.2.88. to B.2.96).

6. This section describes statistical analysis of all the patients in the study who suffered from TMJ Dysfunction but who differed in that they had either:

   (a) A Radiographic Index of $\overline{0}$ (Group 1), or
   (b) A Radiographic Index of $\overline{I}$ or $\overline{II}$ (Group 2).

T TEST

VARIABLE	NUMBER OF CASES	MEAN	STANDARD DEVIATION	STANDARD ERROR
AGE				
GROUP 1	13	32.5385	18.063	5.010
GROUP 2	59	50.1864	20.319	2.645

		POOLED VARIANCE ESTIMATE			SEPARATE VARIANCE ESTIMATE		
F VALUE	2-TAIL PROB.	T VALUE	DEGREES OF FREEDOM	2-TAIL PROB.	T VALUE	DEGREES OF FREEDOM	2-TAIL PROB.
1.27	.633	-2.89	70	.005	-3.12	19.31	.006

VARIABLE	NUMBER OF CASES	MEAN	STANDARD DEVIATION	STANDARD ERROR
ANAMNESTIC INDEX				
GROUP 1	13	2.0000	0	0
GROUP 2	59	1.6949	.725	.094

		POOLED VARIANCE ESTIMATE			SEPARATE VARIANCE ESTIMATE		
F VALUE	2-TAIL PROB.	T VALUE	DEGREES OF FREEDOM	2-TAIL PROB.	T VALUE	DEGREES OF FREEDOM	2-TAIL PROB.
0	1.000	1.51	70	.136	3.23	58.00	.002

VARIABLE	NUMBER OF CASES	MEAN	STANDARD DEVIATION	STANDARD ERROR
CLINICAL INDEX				
GROUP 1	13	1.2308	.439	.122
GROUP 2	59	1.1695	.647	.084

		POOLED VARIANCE ESTIMATE			SEPARATE VARIANCE ESTIMATE		
F VALUE	2-TAIL PROB.	T VALUE	DEGREES OF FREEDOM	2-TAIL PROB.	T VALUE	DEGREES OF FREEDOM	2-TAIL PROB.
2.18	.139	.32	70	.747	.41	25.09	.682

VARIABLE	NUMBER OF CASES	MEAN	STANDARD DEVIATION	STANDARD ERROR
MUSCLE INDEX				
GROUP 1	13	1.3846	.506	.140
GROUP 2	59	1.1525	.827	.108

		POOLED VARIANCE ESTIMATE			SEPARATE VARIANCE ESTIMATE		
F VALUE	2-TAIL PROB.	T VALUE	DEGREES OF FREEDOM	2-TAIL PROB.	T VALUE	DEGREES OF FREEDOM	2-TAIL PROB.
2.66	.066	.97	70	.335	1.31	28.21	.200

VARIABLE	NUMBER OF CASES	MEAN	STANDARD DEVIATION	STANDARD ERROR
TMJ INDEX				
GROUP 1	13	1.2308	.725	.201
GROUP 2	59	1.1017	.759	.099

		POOLED VARIANCE ESTIMATE			SEPARATE VARIANCE ESTIMATE		
F VALUE	2-TAIL PROB.	T VALUE	DEGREES OF FREEDOM	2-TAIL PROB.	T VALUE	DEGREES OF FREEDOM	2-TAIL PROB.
1.10	.920	.56	70	.578	.58	18.27	.572

VARIABLE	NUMBER OF CASES	MEAN	STANDARD DEVIATION	STANDARD ERROR
PAIN DURATION				
GROUP 1	10	6.8000	4.917	1.555
GROUP 2	39	12.2564	12.922	2.069

		POOLED VARIANCE ESTIMATE			SEPARATE VARIANCE ESTIMATE		
F VALUE	2-TAIL PROB.	T VALUE	DEGREES OF FREEDOM	2-TAIL PROB.	T VALUE	DEGREES OF FREEDOM	2-TAIL PROB.
6.91	.004	-1.30	47	.199	-2.11	39.65	.041

VARIABLE	NUMBER OF CASES	MEAN	STANDARD DEVIATION	STANDARD ERROR
NUMBER OF NATURAL TEETH				
GROUP 1	13	17.6154	12.494	3.465
GROUP 2	59	16.0780	11.463	1.492

		POOLED VARIANCE ESTIMATE			SEPARATE VARIANCE ESTIMATE		
F VALUE	2-TAIL PROB.	T VALUE	DEGREES OF FREEDOM	2-TAIL PROB.	T VALUE	DEGREES OF FREEDOM	2-TAIL PROB.
1.19	.627	.26	70	.794	.25	16.75	.807

VARIABLE	NUMBER OF CASES	MEAN	STANDARD DEVIATION	STANDARD ERROR
TEETH INDEX				
GROUP 1	13	1.3077	.855	.237
GROUP 2	59	1.2712	.848	.110

		POOLED VARIANCE ESTIMATE			SEPARATE VARIANCE ESTIMATE		
F VALUE	2-TAIL PROB.	T VALUE	DEGREES OF FREEDOM	2-TAIL PROB.	T VALUE	DEGREES OF FREEDOM	2-TAIL PROB.
1.02	.891	.14	70	.889	.14	17.59	.891

VARIABLE	NUMBER OF CASES	MEAN	STANDARD DEVIATION	STANDARD ERROR
CONTACTS				
GROUP 1	13	21.0769	10.579	2.934
GROUP 2	59	23.7797	6.251	.814

		POOLED VARIANCE ESTIMATE			SEPARATE VARIANCE ESTIMATE		
F VALUE	2-TAIL PROB.	T VALUE	DEGREES OF FREEDOM	2-TAIL PROB.	T VALUE	DEGREES OF FREEDOM	2-TAIL PROB.
2.86	.007	-1.23	70	.223	-.89	13.90	.390

VARIABLE	NUMBER OF CASES	MEAN	STANDARD DEVIATION	STANDARD ERROR
TREATMENT TIME				
GROUP 1	9	2.1111	1.691	.564
GROUP 2	39	2.3333	1.595	.255

		POOLED VARIANCE ESTIMATE			SEPARATE VARIANCE ESTIMATE		
F VALUE	2-TAIL PROB.	T VALUE	DEGREES OF FREEDOM	2-TAIL PROB.	T VALUE	DEGREES OF FREEDOM	2-TAIL PROB.
1.12	.738	-.37	46	.711	-.36	11.52	.726

VARIABLE	NUMBER OF CASES	MEAN	STANDARD DEVIATION	STANDARD ERROR
TIME ELAPSED				
GROUP 1	8	7.2500	3.615	1.278
GROUP 2	39	8.2051	2.657	.426

		POOLED VARIANCE ESTIMATE			SEPARATE VARIANCE ESTIMATE		
F VALUE	2-TAIL PROB.	T VALUE	DEGREES OF FREEDOM	2-TAIL PROB.	T VALUE	DEGREES OF FREEDOM	2-TAIL PROB.
1.85	.211	-.87	45	.389	-.71	8.62	.496

THERE WERE NO SIGNIFICANT
DIFFERENCES BETWEEN THE
TWO GROUPS FOR ANY OF THE
PSYCHOLOGICAL FACTORS

CHI SQUARE TEST

SEXUAL PROBLEMS

COUNT / ROW PCT / COL PCT / TOT PCT		7.	8.	ROW TOTAL
1.	COUNT	9	3	12
	ROW PCT	75.0	25.0	16.9
	COL PCT	16.4	18.8	
	TOT PCT	12.7	4.2	
2.	COUNT	46	13	59
	ROW PCT	78.0	22.0	83.1
	COL PCT	83.6	81.3	
	TOT PCT	64.8	18.3	
COLUMN TOTAL		55	16	71
		77.5	22.5	100.0

CORRECTED CHI SQ = 0 1 D.F., SIG. = 1.0000
RAW CHI SQ = .05026 1 D.F., SIG. = .3226

MISSING OBSERVATIONS - 1

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MUSCLE INDEX

COUNT / ROW PCT / COL PCT / TOT PCT		0	1.	2.	ROW TOTAL
1.	COUNT	0	8	5	13
	ROW PCT	0	61.5	38.5	18.1
	COL PCT	0	30.8	16.7	
	TOT PCT	0	11.1	6.9	
2.	COUNT	16	18	25	59
	ROW PCT	27.1	30.5	42.4	81.9
	COL PCT	100.0	69.2	83.3	
	TOT PCT	22.2	25.0	34.7	
COLUMN TOTAL		16	26	30	72
		22.2	36.1	41.7	100.0

RAW CHI SQ = 6.40497 WITH 2 D.F., SIG. = .0407

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TMJ INDEX

COUNT / ROW PCT / COL PCT / TOT PCT		0	1.	2.	ROW TOTAL
1.	COUNT	2	6	5	13
	ROW PCT	15.4	46.2	38.5	18.1
	COL PCT	12.5	19.4	20.0	
	TOT PCT	2.8	8.3	6.9	
2.	COUNT	14	25	20	59
	ROW PCT	23.7	42.4	33.9	81.9
	COL PCT	87.5	80.6	80.0	
	TOT PCT	19.4	34.7	27.8	
COLUMN TOTAL		16	31	25	72
		22.2	43.1	34.7	100.0

RAW CHI SQ = .43302 WITH 2 D.F., SIG. = .8053

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             TEETH INDEX
  COUNT    I
 ROW PCT   I                                        ROW
 COL PCT   I                                        TOTAL
 TOT PCT   I          0I        1.I          2.I
        ---I---------I---------I---------I
      1.   I        3  I        3  I        7  I        13
           I     23.1  I     23.1  I     53.8  I      18.1
           I     16.7  I     18.8  I     18.4  I
           I      4.2  I      4.2  I      9.7  I
          -I---------I---------I---------I
      2.   I       15  I       13  I       31  I        59
           I     25.4  I     22.0  I     52.5  I      81.9
           I     83.3  I     81.3  I     81.6  I
           I     20.8  I     18.1  I     43.1  I
          -I---------I---------I---------I
   COLUMN          18          16          38           72
    TOTAL        25.0        22.2        52.8        100.0
RAW CHI SQ =        .03211 WITH      2 D.F., SIG. =    .9841
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             CLINICAL INDEX
  COUNT    I
 ROW PCT   I                                        ROW
 COL PCT   I                                        TOTAL
 TOT PCT   I          0I        1.I          2.I
        ---I---------I---------I---------I
      1.   I        0  I       10  I        3  I        13
           I        0  I     76.9  I     23.1  I      18.1
           I        0  I     23.3  I     14.3  I
           I        0  I     13.9  I      4.2  I
          -I---------I---------I---------I
      2.   I        8  I       33  I       18  I        59
           I     13.6  I     55.9  I     30.5  I      81.9
           I    100.0  I     76.7  I     85.7  I
           I     11.1  I     45.8  I     25.0  I
          -I---------I---------I---------I
   COLUMN           8          43          21           72
    TOTAL        11.1        59.7        29.2        100.0
RAW CHI SQ =       2.75036 WITH      2 D.F., SIG. =    .2528
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          ANAMNESTIC INDEX
  COUNT    I
 ROW PCT   I                             ROW
 COL PCT   I                             TOTAL
 TOT PCT   I          0I        2.I
        ---I---------I---------I
      1.   I        0  I       13  I        13
           I        0  I    100.0  I      18.1
           I        0  I     20.6  I
           I        0  I     18.1  I
          -I---------I---------I
      2.   I        9  I       50  I        59
           I     15.3  I     84.7  I      81.9
           I    100.0  I     79.4  I
           I     12.5  I     69.4  I
          -I---------I---------I
   COLUMN           9          63           72
    TOTAL        12.5        87.5        100.0
CORRECTED CHI SQ =     1.08624 1 D.F., SIG. =    .2973
      RAW CHI SQ =     2.26634 1 D.F., SIG. =    .1322
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COUNTRY

COUNT / ROW PCT / COL PCT / TOT PCT		1.	2.	3.	4.	6.	ROW TOTAL
1.	COUNT	9	1	0	0	3	13
	ROW PCT	69.2	7.7	0	0	23.1	18.1
	COL PCT	18.4	9.1	0	0	30.0	
	TOT PCT	12.5	1.4	0	0	4.2	
2.	COUNT	40	10	1	1	7	59
	ROW PCT	67.8	16.9	1.7	1.7	11.9	81.9
	COL PCT	81.6	90.9	100.0	100.0	70.0	
	TOT PCT	55.6	13.9	1.4	1.4	9.7	
COLUMN TOTAL		49	11	1	1	10	72
		68.1	15.3	1.4	1.4	13.9	100.0

RAW CHI SQ = 2.00566 WITH 4 D.F., SIG. = .7347

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TOTAL TEETH INDEX

COUNT / ROW PCT / COL PCT / TOT PCT		1.	2.	ROW TOTAL
1.	COUNT	1	12	13
	ROW PCT	7.7	92.3	18.1
	COL PCT	33.3	17.4	
	TOT PCT	1.4	16.7	
2.	COUNT	2	57	59
	ROW PCT	3.4	96.6	81.9
	COL PCT	66.7	82.6	
	TOT PCT	2.8	79.2	
COLUMN TOTAL		3	69	72
		4.2	95.8	100.0

CORRECTED CHI SQ = 0 1 D.F., SIG. = 1.0000
RAW CHI SQ = .49365 1 D.F., SIG. = .4822

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OCCUPATION

COUNT / ROW PCT / COL PCT / TOT PCT	1.	2.	3.	7.	8.	ROW TOTAL
1.	0 0 0 0	5 38.5 19.2 6.9	0 0 0 0	1 7.7 6.3 1.4	4 30.8 26.7 5.6	13 18.1
2.	3 5.1 100.0 4.2	21 35.6 80.8 29.2	3 5.1 100.0 4.2	15 25.4 93.8 20.8	11 18.6 73.3 15.3	59 81.9
COLUMN TOTAL	3 4.2	26 36.1	3 4.2	16 22.2	15 20.8	72 100.0

OCCUPATION

COUNT / ROW PCT / COL PCT / TOT PCT	9.	ROW TOTAL
1.	3 23.1 33.3 4.2	13 18.1
2.	6 10.2 66.7 8.3	59 81.9
COLUMN TOTAL	9 12.5	72 100.0

RAW CHI SQ = 5.02505 WITH 5 D.F., SIG. = .4128

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CURED

COUNT / ROW PCT / COL PCT / TOT PCT	0	1.	ROW TOTAL
1.	4 57.1 16.7 8.9	3 42.9 14.3 6.7	7 15.6
2.	20 52.6 83.3 44.4	18 47.4 85.7 40.0	38 84.4
COLUMN TOTAL	24 53.3	21 46.7	45 100.0

CORRECTED CHI SQ = 0 1 D.F., SIG. = 1.0000
RAW CHI SQ = .04834 1 D.F., SIG. = .8260

MISSING OBSERVATIONS - 27

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INITIAL TREATMENT

COUNT / ROW PCT / COL PCT / TOT PCT	1.	3.	4.	7.	ROW TOTAL
1.	8 88.9 18.6 17.4	1 11.1 100.0 2.2	0 0 0 0	0 0 0 0	9 19.6
2.	35 94.6 81.4 76.1	0 0 0 0	1 2.7 100.0 2.2	1 2.7 100.0 2.2	37 80.4
COLUMN TOTAL	43 93.5	1 2.2	1 2.2	1 2.2	46 100.0

RAW CHI SQ = 4.62281 WITH 3 D.F., SIG. = .2016

MISSING OBSERVATIONS - 26

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NONE OF THE FACTORS
ANALYSED BY THE
MANN WHITNEY U TEST
SHOWED ANY SIGNIFICANT
DIFFERENCE BETWEEN
THE TWO GROUPS.

A P P E N D I X V

PART B

SECTION 2

(Pages B.2.97 to B.2.113).

7. This section describes statistical analysis of all the patients in the study who suffered from TMJ Dysfunction but who differed in that they had either:

(a) A Teeth Index of $\overline{\underline{\mathrm{II}}}$ (Group 1), or
(b) A Teeth Index of $\overline{\underline{0}}$ or $\overline{\underline{\mathrm{I}}}$ (Group 2).

8.2.97

T TEST

VARIABLE	NUMBER OF CASES	MEAN	STANDARD DEVIATION	STANDARD ERROR
AGE				
GROUP 1	66	29.3182	13.050	1.606
GROUP 2	34	61.2647	12.878	2.209

F VALUE	2-TAIL PROB.	POOLED VARIANCE ESTIMATE T VALUE	DEGREES OF FREEDOM	2-TAIL PROB.	SEPARATE VARIANCE ESTIMATE T VALUE	DEGREES OF FREEDOM	2-TAIL PROB.
1.03	.957	-11.65	98	.000	-11.70	67.55	.000

VARIABLE	NUMBER OF CASES	MEAN	STANDARD DEVIATION	STANDARD ERROR
ANAMNESTIC INDEX				
GROUP 1	66	1.9394	.345	.043
GROUP 2	34	2.0000	0	0

F VALUE	2-TAIL PROB.	POOLED VARIANCE ESTIMATE T VALUE	DEGREES OF FREEDOM	2-TAIL PROB.	SEPARATE VARIANCE ESTIMATE T VALUE	DEGREES OF FREEDOM	2-TAIL PROB.
0	1.000	-1.02	98	.310	-1.43	65.00	.159

VARIABLE	NUMBER OF CASES	MEAN	STANDARD DEVIATION	STANDARD ERROR
CLINICAL INDEX				
GROUP 1	66	1.4242	.528	.065
GROUP 2	34	1.3824	.493	.085

F VALUE	2-TAIL PROB.	POOLED VARIANCE ESTIMATE T VALUE	DEGREES OF FREEDOM	2-TAIL PROB.	SEPARATE VARIANCE ESTIMATE T VALUE	DEGREES OF FREEDOM	2-TAIL PROB.
1.15	.681	.38	98	.702	.39	70.91	.696

VARIABLE	NUMBER OF CASES	MEAN	STANDARD DEVIATION	STANDARD ERROR
MUSCLE INDEX				
GROUP 1	66	1.4697	.638	.079
GROUP 2	34	1.5000	.663	.114

		POOLED VARIANCE ESTIMATE			SEPARATE VARIANCE ESTIMATE		
F VALUE	2-TAIL PROB.	T VALUE	DEGREES OF FREEDOM	2-TAIL PROB.	T VALUE	DEGREES OF FREEDOM	2-TAIL PROB.
1.08	.773	-.22	98	.825	-.22	64.53	.827

VARIABLE	NUMBER OF CASES	MEAN	STANDARD DEVIATION	STANDARD ERROR
TMJ INDEX				
GROUP 1	66	1.5303	.613	.075
GROUP 2	34	1.2941	.629	.108

		POOLED VARIANCE ESTIMATE			SEPARATE VARIANCE ESTIMATE		
F VALUE	2-TAIL PROB.	T VALUE	DEGREES OF FREEDOM	2-TAIL PROB.	T VALUE	DEGREES OF FREEDOM	2-TAIL PROB.
1.05	.840	1.81	98	.074	1.79	65.27	.077

VARIABLE	NUMBER OF CASES	MEAN	STANDARD DEVIATION	STANDARD ERROR
PAIN DURATION				
GROUP 1	52	11.0962	15.366	2.131
GROUP 2	27	19.0370	24.078	4.634

		POOLED VARIANCE ESTIMATE			SEPARATE VARIANCE ESTIMATE		
F VALUE	2-TAIL PROB.	T VALUE	DEGREES OF FREEDOM	2-TAIL PROB.	T VALUE	DEGREES OF FREEDOM	2-TAIL PROB.
2.46	.006	-1.78	77	.078	-1.56	37.31	.128

VARIABLE	NUMBER OF CASES	MEAN	STANDARD DEVIATION	STANDARD ERROR
NUMBER OF NATURAL TEETH				
GROUP 1	66	26.9697	2.360	.290
GROUP 2	34	5.3235	6.852	1.175

		POOLED VARIANCE ESTIMATE			SEPARATE VARIANCE ESTIMATE		
F VALUE	2-TAIL PROB.	T VALUE	DEGREES OF FREEDOM	2-TAIL PROB.	T VALUE	DEGREES OF FREEDOM	2-TAIL PROB.
8.43	.000	23.22	98	.000	17.38	37.09	.000

VARIABLE	NUMBER OF CASES	MEAN	STANDARD DEVIATION	STANDARD ERROR
TEETH INDEX				
GROUP 1	66	2.0000	0	0
GROUP 2	34	.4118	.500	.086

		POOLED VARIANCE ESTIMATE			SEPARATE VARIANCE ESTIMATE		
F VALUE	2-TAIL PROB.	T VALUE	DEGREES OF FREEDOM	2-TAIL PROB.	T VALUE	DEGREES OF FREEDOM	2-TAIL PROB.
0	1.000	25.95	98	.000	18.54	33.00	.000

VARIABLE	NUMBER OF CASES	MEAN	STANDARD DEVIATION	STANDARD ERROR
CONTACTS				
GROUP 1	66	26.2273	3.858	.475
GROUP 2	34	21.1176	8.828	1.514

		POOLED VARIANCE ESTIMATE			SEPARATE VARIANCE ESTIMATE		
F VALUE	2-TAIL PROB.	T VALUE	DEGREES OF FREEDOM	2-TAIL PROB.	T VALUE	DEGREES OF FREEDOM	2-TAIL PROB.
5.23	.000	4.03	98	.000	3.22	39.62	.003

VARIABLE	NUMBER OF CASES	MEAN	STANDARD DEVIATION	STANDARD ERROR
TREATMENT TIME				
GROUP 1	52	2.0192	1.407	.195
GROUP 2	27	2.0000	1.593	.307

		POOLED VARIANCE ESTIMATE			SEPARATE VARIANCE ESTIMATE		
F VALUE	2-TAIL PROB.	T VALUE	DEGREES OF FREEDOM	2-TAIL PROB.	T VALUE	DEGREES OF FREEDOM	2-TAIL PROB.
1.23	.441	.06	77	.956	.05	47.36	.953

VARIABLE	NUMBER OF CASES	MEAN	STANDARD DEVIATION	STANDARD ERROR
TIME ELAPSED				
GROUP 1	51	7.9412	2.603	.365
GROUP 2	27	7.8148	3.151	.606

		POOLED VARIANCE ESTIMATE			SEPARATE VARIANCE ESTIMATE		
F VALUE	2-TAIL PROB.	T VALUE	DEGREES OF FREEDOM	2-TAIL PROB.	T VALUE	DEGREES OF FREEDOM	2-TAIL PROB.
1.46	.244	.19	76	.850	.13	45.13	.359

VARIABLE	NUMBER OF CASES	MEAN	STANDARD DEVIATION	STANDARD ERROR
GENERAL HYPOCHONDRIASIS				
GROUP 1	66	1.4394	1.841	.227
GROUP 2	34	1.5882	1.540	.264

		POOLED VARIANCE ESTIMATE			SEPARATE VARIANCE ESTIMATE		
F VALUE	2-TAIL PROB.	T VALUE	DEGREES OF FREEDOM	2-TAIL PROB.	T VALUE	DEGREES OF FREEDOM	2-TAIL PROB.
1.43	.264	-.40	98	.687	-.43	78.01	.670

VARIABLE	NUMBER OF CASES	MEAN	STANDARD DEVIATION	STANDARD ERROR
DISEASE CONVICTION				
GROUP 1	66	1.9697	1.559	.192
GROUP 2	34	2.1765	1.466	.251

		POOLED VARIANCE ESTIMATE			SEPARATE VARIANCE ESTIMATE		
F VALUE	2-TAIL PROB.	T VALUE	DEGREES OF FREEDOM	2-TAIL PROB.	T VALUE	DEGREES OF FREEDOM	2-TAIL PROB.
1.13	.713	-.64	98	.523	-.65	70.49	.515

VARIABLE	NUMBER OF CASES	MEAN	STANDARD DEVIATION	STANDARD ERROR
PSYCHOLOGICAL V SOMATIC FOCUSING				
GROUP 1	66	1.7879	.903	.111
GROUP 2	34	1.3824	.922	.158

		POOLED VARIANCE ESTIMATE			SEPARATE VARIANCE ESTIMATE		
F VALUE	2-TAIL PROB.	T VALUE	DEGREES OF FREEDOM	2-TAIL PROB.	T VALUE	DEGREES OF FREEDOM	2-TAIL PROB.
1.04	.868	2.11	98	.037	2.10	65.59	.040

VARIABLE	NUMBER OF CASES	MEAN	STANDARD DEVIATION	STANDARD ERROR
AFFECTIVE INHIBITION				
GROUP 1	66	2.3030	1.617	.199
GROUP 2	34	2.3824	1.457	.250

		POOLED VARIANCE ESTIMATE			SEPARATE VARIANCE ESTIMATE		
F VALUE	2-TAIL PROB.	T VALUE	DEGREES OF FREEDOM	2-TAIL PROB.	T VALUE	DEGREES OF FREEDOM	2-TAIL PROB.
1.23	.519	-.24	98	.811	-.25	73.21	.805

VARIABLE	NUMBER OF CASES	MEAN	STANDARD DEVIATION	STANDARD ERROR
AFFECTIVE DISTURBANCE				
GROUP 1	66	1.9697	1.529	.188
GROUP 2	34	3.2059	1.493	.256

		POOLED VARIANCE ESTIMATE			SEPARATE VARIANCE ESTIMATE		
F VALUE	2-TAIL PROB.	T VALUE	DEGREES OF FREEDOM	2-TAIL PROB.	T VALUE	DEGREES OF FREEDOM	2-TAIL PROB.
1.05	.902	-3.96	98	.000	-3.89	68.18	.000

VARIABLE	NUMBER OF CASES	MEAN	STANDARD DEVIATION	STANDARD ERROR
DENIAL				
GROUP 1	66	2.8788	1.641	.202
GROUP 2	34	3.5882	1.480	.254

		POOLED VARIANCE ESTIMATE			SEPARATE VARIANCE ESTIMATE		
F VALUE	2-TAIL PROB.	T VALUE	DEGREES OF FREEDOM	2-TAIL PROB.	T VALUE	DEGREES OF FREEDOM	2-TAIL PROB.
1.23	.522	-2.12	98	.037	-2.19	73.16	.032

VARIABLE	NUMBER OF CASES	MEAN	STANDARD DEVIATION	STANDARD ERROR
IRRITABILITY				
GROUP 1	66	2.3485	1.583	.195
GROUP 2	34	1.4118	1.579	.271

		POOLED VARIANCE ESTIMATE			SEPARATE VARIANCE ESTIMATE		
F VALUE	2-TAIL PROB.	T VALUE	DEGREES OF FREEDOM	2-TAIL PROB.	T VALUE	DEGREES OF FREEDOM	2-TAIL PROB.
1.01	1.000	2.81	98	.006	2.81	66.95	.007

VARIABLE	NUMBER OF CASES	MEAN	STANDARD DEVIATION	STANDARD ERROR
AFFECTIVE STATE				
GROUP 1	66	5.7576	3.795	.467
GROUP 2	34	6.2059	3.583	.614

		POOLED VARIANCE ESTIMATE			SEPARATE VARIANCE ESTIMATE		
F VALUE	2-TAIL PROB.	T VALUE	DEGREES OF FREEDOM	2-TAIL PROB.	T VALUE	DEGREES OF FREEDOM	2-TAIL PROB.
1.12	.731	-.57	98	.570	-.58	70.26	.563

VARIABLE	NUMBER OF CASES	MEAN	STANDARD DEVIATION	STANDARD ERROR
DISEASE AFFIRMATION				
GROUP 1	66	5.1818	2.090	.257
GROUP 2	34	5.7941	2.027	.348

		POOLED VARIANCE ESTIMATE			SEPARATE VARIANCE ESTIMATE		
F VALUE	2-TAIL PROB.	T VALUE	DEGREES OF FREEDOM	2-TAIL PROB.	T VALUE	DEGREES OF FREEDOM	2-TAIL PROB.
1.06	.867	-1.40	98	.164	-1.42	68.59	.161

VARIABLE	NUMBER OF CASES	MEAN	STANDARD DEVIATION	STANDARD ERROR
DISCRIMINANT FUNCTION				
GROUP 1	66	52.3182	15.654	1.927
GROUP 2	34	59.2882	15.452	2.650

		POOLED VARIANCE ESTIMATE			SEPARATE VARIANCE ESTIMATE		
F VALUE	2-TAIL PROB.	T VALUE	DEGREES OF FREEDOM	2-TAIL PROB.	T VALUE	DEGREES OF FREEDOM	2-TAIL PROB.
1.03	.958	-2.12	98	.037	-2.13	67.54	.037

VARIABLE	NUMBER OF CASES	MEAN	STANDARD DEVIATION	STANDARD ERROR
WHITELEY INDEX				
GROUP 1	66	3.2576	3.075	.379
GROUP 2	34	3.5588	2.683	.461

		POOLED VARIANCE ESTIMATE			SEPARATE VARIANCE ESTIMATE		
F VALUE	2-TAIL PROB.	T VALUE	DEGREES OF FREEDOM	2-TAIL PROB.	T VALUE	DEGREES OF FREEDOM	2-TAIL PROB.
1.31	.401	-.48	98	.630	-.51	75.16	.615

VARIABLE	NUMBER OF CASES	MEAN	STANDARD DEVIATION	STANDARD ERROR
SPIELBERGER STATE SCORE				
GROUP 1	64	38.4063	12.013	1.502
GROUP 2	25	40.5200	11.307	2.261

		POOLED VARIANCE ESTIMATE			SEPARATE VARIANCE ESTIMATE		
F VALUE	2-TAIL PROB.	T VALUE	DEGREES OF FREEDOM	2-TAIL PROB.	T VALUE	DEGREES OF FREEDOM	2-TAIL PROB.
1.13	.764	-.76	87	.450	-.78	46.39	.440

VARIABLE	NUMBER OF CASES	MEAN	STANDARD DEVIATION	STANDARD ERROR
SPIELBERGER TRAIT SCORE				
GROUP 1	63	39.8730	11.122	1.401
GROUP 2	25	39.6400	9.920	1.984

		POOLED VARIANCE ESTIMATE			SEPARATE VARIANCE ESTIMATE		
F VALUE	2-TAIL PROB.	T VALUE	DEGREES OF FREEDOM	2-TAIL PROB.	T VALUE	DEGREES OF FREEDOM	2-TAIL PROB.
1.26	.544	.09	86	.927	.10	49.18	.924

VARIABLE	NUMBER OF CASES	MEAN	STANDARD DEVIATION	STANDARD ERROR
ZUNG DEPRESSION SCORE				
GROUP 1	58	36.9483	10.123	1.329
GROUP 2	20	39.9500	8.388	1.876

		POOLED VARIANCE ESTIMATE			SEPARATE VARIANCE ESTIMATE		
F VALUE	2-TAIL PROB.	T VALUE	DEGREES OF FREEDOM	2-TAIL PROB.	T VALUE	DEGREES OF FREEDOM	2-TAIL PROB.
1.46	.368	-1.19	76	.237	-1.31	39.55	.199

VARIABLE	NUMBER OF CASES	MEAN	STANDARD DEVIATION	STANDARD ERROR
LIFE EVENTS				
GROUP 1	66	438.2121	332.468	40.924
GROUP 2	33	298.7576	297.958	51.868

		POOLED VARIANCE ESTIMATE			SEPARATE VARIANCE ESTIMATE		
F VALUE	2-TAIL PROB.	T VALUE	DEGREES OF FREEDOM	2-TAIL PROB.	T VALUE	DEGREES OF FREEDOM	2-TAIL PROB.
1.25	.503	2.03	97	.045	2.11	70.75	.038

VARIABLE	NUMBER OF CASES	MEAN	STANDARD DEVIATION	STANDARD ERROR
SERIOUS EVENTS				
GROUP 1	66	310.8485	262.401	32.299
GROUP 2	33	233.6061	261.603	45.539

		POOLED VARIANCE ESTIMATE			SEPARATE VARIANCE ESTIMATE		
F VALUE	2-TAIL PROB.	T VALUE	DEGREES OF FREEDOM	2-TAIL PROB.	T VALUE	DEGREES OF FREEDOM	2-TAIL PROB.
1.01	1.000	1.38	97	.170	1.38	64.28	.171

CHI SQUARE TEST

SEXUAL PROBLEMS

COUNT / ROW PCT / COL PCT / TOT PCT	7.	8.	ROW TOTAL
1.	48 72.7 66.7 48.5	18 27.3 66.7 18.2	66 66.7
2.	24 72.7 33.3 24.2	9 27.3 33.3 9.1	33 33.3
COLUMN TOTAL	72 72.7	27 27.3	99 100.0

CORRECTED CHI SQ = 0 1 D.F., SIG. = 1.0000
RAW CHI SQ = .00000 1 D.F., SIG. = 1.0000

MISSING OBSERVATIONS = 1

RADIOGRAPHIC INDEX

COUNT / ROW PCT / COL PCT / TOT PCT	0	1.	2.	ROW TOTAL
1.	7 26.9 53.8 12.7	3 11.5 37.5 5.5	16 61.5 47.1 29.1	26 47.3
2.	6 20.7 46.2 10.9	5 17.2 62.5 9.1	18 62.1 52.9 32.7	29 52.7
COLUMN TOTAL	13 23.6	8 14.5	34 61.8	55 100.0

RAW CHI SQ = .53252 WITH 2 D.F., SIG. = .7662

MISSING OBSERVATIONS = 45

MUSCLE INDEX

COUNT / ROW PCT / COL PCT / TOT PCT	0	1.	2.	ROW TOTAL
1.	5 7.6 62.5 5.0	25 37.9 69.4 25.0	36 54.5 64.3 36.0	66 66.0
2.	3 8.8 37.5 3.0	11 32.4 30.6 11.0	20 58.8 35.7 20.0	34 34.0
COLUMN TOTAL	8 8.0	36 36.0	56 56.0	100 100.0

RAW CHI SQ = .30735 WITH 2 D.F., SIG. = .8576

TMJ INDEX

COUNT ROW PCT COL PCT TOT PCT	0	1.	2.	ROW TOTAL
1.	4 6.1 57.1 4.0	23 34.8 56.1 23.0	39 59.1 75.0 39.0	66 66.0
2.	3 8.8 42.9 3.0	18 52.9 43.9 18.0	13 38.2 25.0 13.0	34 34.0
COLUMN TOTAL	7 7.0	41 41.0	52 52.0	100 100.0

RAW CHI SQ = 3.91334 WITH 2 D.F., SIG. = .1413

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CLINICAL INDEX

COUNT ROW PCT COL PCT TOT PCT	0	1.	2.	ROW TOTAL
1.	1 1.5 100.0 1.0	36 54.5 63.2 36.0	29 43.9 69.0 29.0	66 66.0
2.	0 0 0 0	21 61.8 36.8 21.0	13 38.2 31.0 13.0	34 34.0
COLUMN TOTAL	1 1.0	57 57.0	42 42.0	100 100.0

RAW CHI SQ = .89417 WITH 2 D.F., SIG. = .6395

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ANAMNESTIC INDEX

COUNT ROW PCT COL PCT TOT PCT	0	2.	ROW TOTAL
1.	2 3.0 100.0 2.0	64 97.0 65.3 64.0	66 66.0
2.	0 0 0 0	34 100.0 34.7 34.0	34 34.0
COLUMN TOTAL	2 2.0	98 98.0	100 100.0

CORRECTED CHI SQ = .07367 1 D.F., SIG. = .7861
RAW CHI SQ = 1.05133 1 D.F., SIG. = .3052

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COUNTRY

COUNT / ROW PCT / COL PCT / TOT PCT	1.	2.	3.	4.	6.	ROW TOTAL
1.	42 63.6 68.9 42.0	14 21.2 63.6 14.0	2 3.0 100.0 2.0	1 1.5 50.0 1.0	7 10.6 53.8 7.0	66 66.0
2.	19 55.9 31.1 19.0	8 23.5 36.4 8.0	0 0 0 0	1 2.9 50.0 1.0	6 17.6 46.2 6.0	34 34.0
COLUMN TOTAL	61 61.0	22 22.0	2 2.0	2 2.0	13 13.0	100 100.0

RAW CHI SQ = 2.39017 WITH 4 D.F., SIG. = .6644

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TOTAL TEETH INDEX

COUNT / ROW PCT / COL PCT / TOT PCT	1.	2.	ROW TOTAL
1.	0 0 0 0	66 100.0 68.8 66.0	66 66.0
2.	4 11.8 100.0 4.0	30 88.2 31.3 30.0	34 34.0
COLUMN TOTAL	4 4.0	96 96.0	100 100.0

CORRECTED CHI SQ = 5.31464 1 D.F., SIG. = .0211
RAW CHI SQ = 8.08824 1 D.F., SIG. = .0045

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OCCUPATION

COUNT / ROW PCT / COL PCT / TOT PCT	1.	2.	3.	5.	6.	ROW TOTAL
1.	2 3.0 50.0 2.0	15 22.7 46.9 15.0	13 19.7 100.0 13.0	5 7.6 100.0 5.0	1 1.5 100.0 1.0	66 66.0
2.	2 5.9 50.0 2.0	17 50.0 53.1 17.0	0 0 0 0	0 0 0 0	0 0 0 0	34 34.0
COLUMN TOTAL	4 4.0	32 32.0	13 13.0	5 5.0	1 1.0	100 100.0

OCCUPATION

COUNT ROW PCT COL PCT TOT PCT	7.	8.	9.	ROW TOTAL
1.	3 4.5 21.4 3.0	10 15.2 83.3 10.0	17 25.8 89.5 17.0	66 66.0
2.	11 32.4 78.6 11.0	2 5.9 16.7 2.0	2 5.9 10.5 2.0	34 34.0
COLUMN TOTAL	14 14.0	12 12.0	19 19.0	100 100.0

RAW CHI SQ = 34.12641 WITH 7 D.F., SIG. = .0000

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CURED

COUNT ROW PCT COL PCT TOT PCT	0	1.	ROW TOTAL
1.	21 46.7 58.3 30.0	24 53.3 70.6 34.3	45 64.3
2.	15 60.0 41.7 21.4	10 40.0 29.4 14.3	25 35.7
COLUMN TOTAL	36 51.4	34 48.6	70 100.0

CORRECTED CHI SQ = .67229 1 D.F., SIG. = .4123
RAW CHI SQ = 1.14379 1 D.F., SIG. = .2849

MISSING OBSERVATIONS - 30

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INITIAL TREATMENT

COUNT ROW PCT COL PCT TOT PCT	1.	3.	4.	7.	ROW TOTAL
1.	46 92.0 67.6 60.5	1 2.0 50.0 1.3	0 0 0 0	3 6.0 60.0 3.9	50 65.8
2.	22 84.6 32.4 28.9	1 3.8 50.0 1.3	1 3.8 100.0 1.3	2 7.7 40.0 2.6	26 34.2
COLUMN TOTAL	68 89.5	2 2.6	1 1.3	5 6.6	76 100.0

RAW CHI SQ = 2.32333 WITH 3 D.F., SIG. = .5081

MISSING OBSERVATIONS - 24

MANN WHITNEY U TEST

SERIOUS EVENTS

GROUP = 1. MEAN RANK	NUMBER	GROUP = 2. MEAN RANK	NUMBER
53.85	66	42.30	33

U	W	CORRECTED FOR TIES Z	2-TAILED P
835.0	1396.0	1.8881	.0590

LIFE EVENTS

GROUP = 1. MEAN RANK	NUMBER	GROUP = 2. MEAN RANK	NUMBER
54.80	66	40.39	33

U	W	CORRECTED FOR TIES Z	2-TAILED P
772.0	1333.0	2.3542	.0186

ZUNG DEPRESSION SCORE

GROUP = 1. MEAN RANK	NUMBER	GROUP = 2. MEAN RANK	NUMBER
37.23	53	45.92	20

U	W	CORRECTED FOR TIES Z	2-TAILED P
451.5	918.5	-1.4717	.1411

SPIELBERGER TRAIT SCORE

GROUP = 1. MEAN RANK	NUMBER	GROUP = 2. MEAN RANK	NUMBER
44.33	63	44.94	25

U	W	CORRECTED FOR TIES Z	2-TAILED P
776.5	1123.5	-.1019	.9189

SPIELBERGER STATE SCORE

GROUP = 1. MEAN RANK	NUMBER	GROUP = 2. MEAN RANK	NUMBER
43.16	64	49.70	25

U	W	CORRECTED FOR TIES Z	2-TAILED P
682.5	1242.5	-1.0738	.2829

WHITELEY INDEX

GROUP = 1.		GROUP = 2.	
MEAN RANK	NUMBER	MEAN RANK	NUMBER
48.56	66	54.26	34

		CORRECTED FOR TIES	
U	W	Z	2-TAILED P
994.0	1845.0	-.9399	.3473

DISCRIMINANT FUNCTION

GROUP = 1.		GROUP = 2.	
MEAN RANK	NUMBER	MEAN RANK	NUMBER
46.26	66	58.74	34

		CORRECTED FOR TIES	
U	W	Z	2-TAILED P
842.0	1997.0	-2.0375	.0416

DISEASE AFFIRMATION

GROUP = 1.		GROUP = 2.	
MEAN RANK	NUMBER	MEAN RANK	NUMBER
47.60	66	56.13	34

		CORRECTED FOR TIES	
U	W	Z	2-TAILED P
930.5	1908.5	-1.4104	.1584

AFFECTIVE STATE

GROUP = 1.		GROUP = 2.	
MEAN RANK	NUMBER	MEAN RANK	NUMBER
48.48	66	54.43	34

		CORRECTED FOR TIES	
U	W	Z	2-TAILED P
988.5	1850.5	-.9762	.3290

GENERAL HYPOCHONDRIASIS

GROUP = 1.		GROUP = 2.	
MEAN RANK	NUMBER	MEAN RANK	NUMBER
48.75	66	53.90	34

		CORRECTED FOR TIES	
U	W	Z	2-TAILED P
1006.5	1832.5	-.8730	.3827

DISEASE CONVICTION

```
GROUP            =           1.      GROUP          =            2.
MEAN RANK               NUMBER      MEAN RANK            NUMBER
    46.87                   66          53.66                34

                                      CORRECTED FOR TIES
      U                     W               Z          2-TAILED P
  1014.5               1824.5          -.3021             .4225
```

PSYCHOLOGICAL V SOMATIC FOCUSING

```
GROUP            =           1.      GROUP          =            2.
MEAN RANK               NUMBER      MEAN RANK            NUMBER
    54.11                   66          43.50                34

                                      CORRECTED FOR TIES
      U                     W               Z          2-TAILED P
   884.0               1479.0          1.8469             .0648
```

AFFECTIVE INHIBITION

```
GROUP            =           1.      GROUP          =            2.
MEAN RANK               NUMBER      MEAN RANK            NUMBER
    50.03                   66          51.41                34

                                      CORRECTED FOR TIES
      U                     W               Z          2-TAILED P
  1091.0               1748.0          -.2293             .8186
```

AFFECTIVE DISTURBANCE

```
GROUP            =           1.      GROUP          =            2.
MEAN RANK               NUMBER      MEAN RANK            NUMBER
    43.05                   66          64.96                34

                                      CORRECTED FOR TIES
      U                     W               Z          2-TAILED P
   630.5               2208.5         -3.6443             .0003
```

DENIAL

```
GROUP            =           1.      GROUP          =            2.
MEAN RANK               NUMBER      MEAN RANK            NUMBER
    46.18                   66          58.88                34

                                      CORRECTED FOR TIES
      U                     W               Z          2-TAILED P
   837.0               2002.0         -2.1154             .0344
```

IRRITABILITY

GROUP	=	1.	GROUP	=		2.
MEAN RANK	NUMBER		MEAN RANK	NUMBER		
56.52	66		38.82	34		

		CORRECTED FOR TIES	
U	W	Z	2-TAILED P
725.0	1320.0	2.9498	.0032

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APPENDIX V

PART B

SECTION 2

(Pages B.2.114 to B.2.117.).

8. This section refers to the statistical analysis of all the patients in the study who had a Teeth Index of II (i.e. number of natural teeth was more than 20) and who either:

(a) Suffered from TMJ Dysfunction (Group 1), or
(b) Suffered from dental pain (i.e. controls) (Group 2).

T TEST
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VARIABLE	NUMBER OF CASES	MEAN	STANDARD DEVIATION	STANDARD ERROR
AGE				
GROUP 1	66	29.3182	13.050	1.606
GROUP 2	35	34.6286	14.349	2.425

		POOLED VARIANCE ESTIMATE			SEPARATE VARIANCE ESTIMATE		
F VALUE	2-TAIL PROB.	T VALUE	DEGREES OF FREEDOM	2-TAIL PROB.	T VALUE	DEGREES OF FREEDOM	2-TAIL PROB.
1.21	.504	-1.88	99	.063	-1.83	63.94	.073

VARIABLE	NUMBER OF CASES	MEAN	STANDARD DEVIATION	STANDARD ERROR
ANAMNESTIC INDEX				
GROUP 1	66	1.9394	.345	.043
GROUP 2	35	.8000	.994	.168

		POOLED VARIANCE ESTIMATE			SEPARATE VARIANCE ESTIMATE		
F VALUE	2-TAIL PROB.	T VALUE	DEGREES OF FREEDOM	2-TAIL PROB.	T VALUE	DEGREES OF FREEDOM	2-TAIL PROB.
8.28	.000	8.43	99	.000	6.57	38.41	.000

VARIABLE	NUMBER OF CASES	MEAN	STANDARD DEVIATION	STANDARD ERROR
CLINICAL INDEX				
GROUP 1	66	1.4242	.528	.065
GROUP 2	34	.5294	.507	.087

		POOLED VARIANCE ESTIMATE			SEPARATE VARIANCE ESTIMATE		
F VALUE	2-TAIL PROB.	T VALUE	DEGREES OF FREEDOM	2-TAIL PROB.	T VALUE	DEGREES OF FREEDOM	2-TAIL PROB.
1.09	.812	8.14	98	.000	8.25	69.25	.000

VARIABLE	NUMBER OF CASES	MEAN	STANDARD DEVIATION	STANDARD ERROR
MUSCLE INDEX				
GROUP 1	66	1.4697	.638	.079
GROUP 2	34	.2647	.448	.077

		POOLED VARIANCE ESTIMATE			SEPARATE VARIANCE ESTIMATE		
F VALUE	2-TAIL PROB.	T VALUE	DEGREES OF FREEDOM	2-TAIL PROB.	T VALUE	DEGREES OF FREEDOM	2-TAIL PROB.
2.03	.029	9.83	98	.000	10.97	88.78	.000

VARIABLE	NUMBER OF CASES	MEAN	STANDARD DEVIATION	STANDARD ERROR
TMJ INDEX				
GROUP 1	66	1.5303	.613	.075
GROUP 2	34	.3529	.544	.093

		POOLED VARIANCE ESTIMATE			SEPARATE VARIANCE ESTIMATE		
F VALUE	2-TAIL PROB.	T VALUE	DEGREES OF FREEDOM	2-TAIL PROB.	T VALUE	DEGREES OF FREEDOM	2-TAIL PROB.
1.27	.457	9.44	98	.000	9.31	74.20	.000

VARIABLE	NUMBER OF CASES	MEAN	STANDARD DEVIATION	STANDARD ERROR
NUMBER OF NATURAL TEETH				
GROUP 1	66	26.9697	2.360	.290
GROUP 2	35	26.5143	3.203	.541

		POOLED VARIANCE ESTIMATE			SEPARATE VARIANCE ESTIMATE		
F VALUE	2-TAIL PROB.	T VALUE	DEGREES OF FREEDOM	2-TAIL PROB.	T VALUE	DEGREES OF FREEDOM	2-TAIL PROB.
1.84	.035	.81	99	.418	.74	54.05	.462

VARIABLE	NUMBER OF CASES	MEAN	STANDARD DEVIATION	STANDARD ERROR
CONTACTS				
GROUP 1	66	26.2273	3.858	.475
GROUP 2	35	24.8286	5.474	.925

		POOLED VARIANCE ESTIMATE			SEPARATE VARIANCE ESTIMATE		
F VALUE	2-TAIL PROB.	T VALUE	DEGREES OF FREEDOM	2-TAIL PROB.	T VALUE	DEGREES OF FREEDOM	2-TAIL PROB.
2.01	.015	1.49	99	.139	1.34	52.37	.185

CHI SQUARE TEST

RADIOGRAPHIC INDEX

COUNT / ROW PCT / COL PCT / TOT PCT		0	1.	2.	ROW TOTAL
1.	COUNT	7	3	16	26
	ROW PCT	26.9	11.5	61.5	59.1
	COL PCT	58.3	60.0	59.3	
	TOT PCT	15.9	6.8	36.4	
2.	COUNT	5	2	11	18
	ROW PCT	27.8	11.1	61.1	40.9
	COL PCT	41.7	40.0	40.7	
	TOT PCT	11.4	4.5	25.0	
COLUMN TOTAL		12	5	27	44
		27.3	11.4	61.4	100.0

RAW CHI SQ = .00487 WITH 2 D.F., SIG. = .9976

MISSING OBSERVATIONS - 57

MUSCLE INDEX

COUNT / ROW PCT / COL PCT / TOT PCT		0	1.	2.	ROW TOTAL
1.	COUNT	5	25	36	66
	ROW PCT	7.6	37.9	54.5	66.0
	COL PCT	16.7	73.5	100.0	
	TOT PCT	5.0	25.0	36.0	
2.	COUNT	25	9	0	34
	ROW PCT	73.5	26.5	0	34.0
	COL PCT	83.3	26.5	0	
	TOT PCT	25.0	9.0	0	
COLUMN TOTAL		30	34	36	100
		30.0	34.0	36.0	100.0

RAW CHI SQ = 51.94156 WITH 2 D.F., SIG. = .0000

MISSING OBSERVATIONS - 1

TMJ INDEX

COUNT / ROW PCT / COL PCT / TOT PCT		0	1.	2.	ROW TOTAL
1.	COUNT	4	23	39	66
	ROW PCT	6.1	34.8	59.1	66.0
	COL PCT	14.8	69.7	97.5	
	TOT PCT	4.0	23.0	39.0	
2.	COUNT	23	10	1	34
	ROW PCT	67.6	29.4	2.9	34.0
	COL PCT	85.2	30.3	2.5	
	TOT PCT	23.0	10.0	1.0	
COLUMN TOTAL		27	33	40	100
		27.0	33.0	40.0	100.0

RAW CHI SQ = 49.41130 WITH 2 D.F., SIG. = .0000

MISSING OBSERVATIONS - 1

CLINICAL INDEX

COUNT / ROW PCT / COL PCT / TOT PCT	0	1.	2.	ROW TOTAL
1.	1 1.5 5.9 1.0	36 54.5 66.7 36.0	29 43.9 100.0 29.0	66 66.0
2.	16 47.1 94.1 16.0	18 52.9 33.3 18.0	0 0 0 0	34 34.0
COLUMN TOTAL	17 17.0	54 54.0	29 29.0	100 100.0

RAW CHI SQ = 42.32987 WITH 2 D.F., SIG. = .0000

MISSING OBSERVATIONS - 1

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ANAMNESTIC INDEX

COUNT / ROW PCT / COL PCT / TOT PCT	0	2.	ROW TOTAL
1.	2 3.0 8.7 2.0	64 97.0 32.1 63.4	66 65.3
2.	21 60.0 91.3 20.8	14 40.0 17.9 13.9	35 34.7
COLUMN TOTAL	23 22.8	73 77.2	101 100.0

CORRECTED CHI SQ = 39.03114 1 D.F., SIG. = .0000
RAW CHI SQ = 42.20838 1 D.F., SIG. = .0000

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APPENDIX V

PART B

SECTION 2

(Pages B.2.118 to B.2.122).

9. This section describes statistical analysis of all the patients in the study who had a Teeth Index of $\overline{0}$ or $\overline{I}$ (i.e. number of natural teeth was less than 20) and who either:

(a) suffered from TMJ Dysfunction (Group 1), or
(b) suffered from dental pain (i.e. controls) (Group 2).

T TEST
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VARIABLE	NUMBER OF CASES	MEAN	STANDARD DEVIATION	STANDARD ERROR
AGE				
GROUP 1	34	61.2647	12.878	2.209
GROUP 2	12	57.7500	13.586	3.922

		POOLED VARIANCE ESTIMATE			SEPARATE VARIANCE ESTIMATE		
F VALUE	2-TAIL PROB.	T VALUE	DEGREES OF FREEDOM	2-TAIL PROB.	T VALUE	DEGREES OF FREEDOM	2-TAIL PROB.
1.11	.765	.80	44	.427	.78	18.46	.445

VARIABLE	NUMBER OF CASES	MEAN	STANDARD DEVIATION	STANDARD ERROR
ANAMNESTIC INDEX				
GROUP 1	34	2.0000	0	0
GROUP 2	12	.3333	.778	.225

		POOLED VARIANCE ESTIMATE			SEPARATE VARIANCE ESTIMATE		
F VALUE	2-TAIL PROB.	T VALUE	DEGREES OF FREEDOM	2-TAIL PROB.	T VALUE	DEGREES OF FREEDOM	2-TAIL PROB.
0	1.000	12.75	44	.000	7.42	11.00	.000

VARIABLE	NUMBER OF CASES	MEAN	STANDARD DEVIATION	STANDARD ERROR
CLINICAL INDEX				
GROUP 1	34	1.3824	.493	.085
GROUP 2	12	.5833	.515	.149

		POOLED VARIANCE ESTIMATE			SEPARATE VARIANCE ESTIMATE		
F VALUE	2-TAIL PROB.	T VALUE	DEGREES OF FREEDOM	2-TAIL PROB.	T VALUE	DEGREES OF FREEDOM	2-TAIL PROB.
1.09	.798	4.77	44	.000	4.67	18.63	.000

VARIABLE	NUMBER OF CASES	MEAN	STANDARD DEVIATION	STANDARD ERROR
MUSCLE INDEX				
GROUP 1	34	1.5000	.663	.114
GROUP 2	12	.3333	.492	.142

		POOLED VARIANCE ESTIMATE			SEPARATE VARIANCE ESTIMATE		
F VALUE	2-TAIL PROB.	T VALUE	DEGREES OF FREEDOM	2-TAIL PROB.	T VALUE	DEGREES OF FREEDOM	2-TAIL PROB.
1.81	.294	5.56	44	.000	6.41	26.02	.000

VARIABLE	NUMBER OF CASES	MEAN	STANDARD DEVIATION	STANDARD ERROR
TMJ INDEX				
GROUP 1	34	1.2941	.629	.108
GROUP 2	12	.4167	.515	.149

		POOLED VARIANCE ESTIMATE			SEPARATE VARIANCE ESTIMATE		
F VALUE	2-TAIL PROB.	T VALUE	DEGREES OF FREEDOM	2-TAIL PROB.	T VALUE	DEGREES OF FREEDOM	2-TAIL PROB.
1.49	.489	4.34	44	.000	4.78	23.47	.000

VARIABLE	NUMBER OF CASES	MEAN	STANDARD DEVIATION	STANDARD ERROR
NUMBER OF NATURAL TEETH				
GROUP 1	34	5.3235	6.852	1.175
GROUP 2	12	11.6667	4.960	1.432

		POOLED VARIANCE ESTIMATE			SEPARATE VARIANCE ESTIMATE		
F VALUE	2-TAIL PROB.	T VALUE	DEGREES OF FREEDOM	2-TAIL PROB.	T VALUE	DEGREES OF FREEDOM	2-TAIL PROB.
1.91	.254	-2.94	44	.005	-3.42	26.76	.002

VARIABLE	NUMBER OF CASES	MEAN	STANDARD DEVIATION	STANDARD ERROR
CONTACTS				
GROUP 1	34	21.1176	8.828	1.514
GROUP 2	12	14.3333	10.030	2.895

		POOLED VARIANCE ESTIMATE			SEPARATE VARIANCE ESTIMATE		
F VALUE	2-TAIL PROB.	T VALUE	DEGREES OF FREEDOM	2-TAIL PROB.	T VALUE	DEGREES OF FREEDOM	2-TAIL PROB.
1.29	.545	2.21	44	.032	2.08	17.40	.053

CHI SQUARE TEST

RADIOGRAPHIC INDEX

COUNT / ROW PCT / COL PCT / TOT PCT	0	1.	2.	ROW TOTAL
1.	6 20.7 66.7 15.4	5 17.2 62.5 12.8	18 62.1 81.8 46.2	29 74.4
2.	3 30.0 33.3 7.7	3 30.0 37.5 7.7	4 40.0 18.2 10.3	10 25.6
COLUMN TOTAL	9 23.1	8 20.5	22 56.4	39 100.0

RAW CHI SQ = 1.51140 WITH 2 D.F., SIG. = .4697

MISSING OBSERVATIONS = 7

MUSCLE INDEX

COUNT / ROW PCT / COL PCT / TOT PCT	0	1.	2.	ROW TOTAL
1.	3 8.3 27.3 6.5	11 32.4 73.3 23.9	20 58.8 100.0 43.5	34 73.9
2.	8 66.7 72.7 17.4	4 33.3 26.7 8.7	0 0 0 0	12 26.1
COLUMN TOTAL	11 23.9	15 32.6	20 43.5	46 100.0

RAW CHI SQ = 19.47142 WITH 2 D.F., SIG. = .0001

TMJ INDEX

COUNT / ROW PCT / COL PCT / TOT PCT	0	1.	2.	ROW TOTAL
1.	3 8.8 30.0 6.5	18 52.9 78.3 39.1	13 38.2 100.0 28.3	34 73.9
2.	7 58.3 70.0 15.2	5 41.7 21.7 10.9	0 0 0 0	12 26.1
COLUMN TOTAL	10 21.7	23 50.0	13 28.3	46 100.0

RAW CHI SQ = 14.81471 WITH 2 D.F., SIG. = .0006

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              TEETH INDEX
   COUNT    I
 ROW PCT    I                                 ROW
 COL PCT    I                                 TOTAL
 TOT PCT    I          0I          1.I
         ---I----------I-----------I
      1.    I      20  I      14   I            34
            I    58.8  I    41.2   I          73.9
            I   100.0  I    53.8   I
            I    43.5  I    30.4   I
           -I----------I-----------I
      2.    I       0  I      12   I            12
            I       0  I   100.0   I          26.1
            I       0  I    46.2   I
            I       0  I    26.1   I
           -I----------I-----------I
    COLUMN         20         26                46
     TOTAL       43.5       56.5             100.0

CORRECTED CHI SQ =    10.20972 1 D.F., SIG. =   .0014
       RAW CHI SQ =    12.48869 1 D.F., SIG. =   .0004
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              CLINICAL INDEX
   COUNT    I
 ROW PCT    I                                          ROW
 COL PCT    I                                          TOTAL
 TOT PCT    I          0I          1.I          2.I
         ---I----------I-----------I-----------I
      1.    I       0  I      21   I      13   I         34
            I       0  I    61.8   I    38.2   I       73.9
            I       0  I    75.0   I   100.0   I
            I       0  I    45.7   I    28.3   I
           -I----------I-----------I-----------I
      2.    I       5  I       7   I       0   I         12
            I    41.7  I    58.3   I       0   I       26.1
            I   100.0  I    25.0   I       0   I
            I    10.9  I    15.2   I       0   I
           -I----------I-----------I-----------I
    COLUMN          5         28          13             46
     TOTAL       10.9       60.9        28.3          100.0

RAW CHI SQ =    18.77206 WITH     2 D.F., SIG. =   .0001
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ANAMNESTIC INDEX

COUNT / ROW PCT / COL PCT / TOT PCT	0	2.	ROW TOTAL
1.	0 0 0 0	34 100.0 94.4 73.9	34 73.9
2.	10 83.3 100.0 21.7	2 16.7 5.6 4.3	12 26.1
COLUMN TOTAL	10 21.7	36 78.3	46 100.0

CORRECTED CHI SQ = 31.47123 1 D.F., SIG. = .0000
RAW CHI SQ = 36.20370 1 D.F., SIG. = .0000

TOTAL TEETH INDEX

COUNT / ROW PCT / COL PCT / TOT PCT	1.	2.	ROW TOTAL
1.	4 11.8 44.4 8.7	30 88.2 81.1 65.2	34 73.9
2.	5 41.7 55.6 10.9	7 58.3 18.9 15.2	12 26.1
COLUMN TOTAL	9 19.6	37 80.4	46 100.0

CORRECTED CHI SQ = 3.31836 1 D.F., SIG. = .0685
RAW CHI SQ = 5.03933 1 D.F., SIG. = .0248

APPENDIX V

PART B

SECTION 2

(Pages B.2.123 to B.2.139).

10. This section refers to the statistical analysis of all the patients in the study who suffered from TMJ Dysfunction but who differed in that they had either:

(a) Tooth contacts greater than or equal to 20 (Group 1), or
(b) Tooth contacts less than 20 (Group 2).

T TEST

VARIABLE	NUMBER OF CASES	MEAN	STANDARD DEVIATION	STANDARD ERROR
AGE				
GROUP 1	88	36.0909	19.474	2.076
GROUP 2	15	53.2000	16.528	4.267

		POOLED VARIANCE ESTIMATE			SEPARATE VARIANCE ESTIMATE		
F VALUE	2-TAIL PROB.	T VALUE	DEGREES OF FREEDOM	2-TAIL PROB.	T VALUE	DEGREES OF FREEDOM	2-TAIL PROB.
1.39	.303	-2.83	101	.006	-3.13	21.22	.004

VARIABLE	NUMBER OF CASES	MEAN	STANDARD DEVIATION	STANDARD ERROR
ANAMNESTIC INDEX				
GROUP 1	88	1.9545	.300	.032
GROUP 2	15	2.0000	0	0

		POOLED VARIANCE ESTIMATE			SEPARATE VARIANCE ESTIMATE		
F VALUE	2-TAIL PROB.	T VALUE	DEGREES OF FREEDOM	2-TAIL PROB.	T VALUE	DEGREES OF FREEDOM	2-TAIL PROB.
0	1.000	-.58	101	.560	-1.42	87.00	.158

VARIABLE	NUMBER OF CASES	MEAN	STANDARD DEVIATION	STANDARD ERROR
CLINICAL INDEX				
GROUP 1	88	1.3864	.513	.055
GROUP 2	15	1.5333	.516	.133

		POOLED VARIANCE ESTIMATE			SEPARATE VARIANCE ESTIMATE		
F VALUE	2-TAIL PROB.	T VALUE	DEGREES OF FREEDOM	2-TAIL PROB.	T VALUE	DEGREES OF FREEDOM	2-TAIL PROB.
1.01	.893	-1.03	101	.308	-1.02	19.01	.321

VARIABLE	NUMBER OF CASES	MEAN	STANDARD DEVIATION	STANDARD ERROR
MUSCLE INDEX				
GROUP 1	88	1.4432	.641	.068
GROUP 2	15	1.6667	.617	.159

		POOLED VARIANCE ESTIMATE			SEPARATE VARIANCE ESTIMATE		
F VALUE	2-TAIL PROB.	T VALUE	DEGREES OF FREEDOM	2-TAIL PROB.	T VALUE	DEGREES OF FREEDOM	2-TAIL PROB.
1.08	.935	-1.25	101	.212	-1.29	19.51	.212

VARIABLE	NUMBER OF CASES	MEAN	STANDARD DEVIATION	STANDARD ERROR
TMJ INDEX				
GROUP 1	88	1.4545	.605	.064
GROUP 2	15	1.4000	.737	.190

		POOLED VARIANCE ESTIMATE			SEPARATE VARIANCE ESTIMATE		
F VALUE	2-TAIL PROB.	T VALUE	DEGREES OF FREEDOM	2-TAIL PROB.	T VALUE	DEGREES OF FREEDOM	2-TAIL PROB.
1.48	.268	.31	101	.755	.27	17.36	.789

VARIABLE	NUMBER OF CASES	MEAN	STANDARD DEVIATION	STANDARD ERROR
PAIN DURATION				
GROUP 1	69	13.3478	19.727	2.375
GROUP 2	13	14.4615	13.182	3.656

		POOLED VARIANCE ESTIMATE			SEPARATE VARIANCE ESTIMATE		
F VALUE	2-TAIL PROB.	T VALUE	DEGREES OF FREEDOM	2-TAIL PROB.	T VALUE	DEGREES OF FREEDOM	2-TAIL PROB.
2.24	.124	-.19	80	.846	-.26	23.52	.801

VARIABLE	NUMBER OF CASES	MEAN	STANDARD DEVIATION	STANDARD ERROR
NUMBER OF NATURAL TEETH				
GROUP 1	85	21.2588	10.924	1.185
GROUP 2	15	10.2667	7.842	2.025

		POOLED VARIANCE ESTIMATE			SEPARATE VARIANCE ESTIMATE		
F VALUE	2-TAIL PROB.	T VALUE	DEGREES OF FREEDOM	2-TAIL PROB.	T VALUE	DEGREES OF FREEDOM	2-TAIL PROB.
1.94	.164	3.72	98	.000	4.69	24.75	.000

VARIABLE	NUMBER OF CASES	MEAN	STANDARD DEVIATION	STANDARD ERROR
TEETH INDEX				
GROUP 1	85	1.5529	.794	.086
GROUP 2	15	.9333	.704	.182

		POOLED VARIANCE ESTIMATE			SEPARATE VARIANCE ESTIMATE		
F VALUE	2-TAIL PROB.	T VALUE	DEGREES OF FREEDOM	2-TAIL PROB.	T VALUE	DEGREES OF FREEDOM	2-TAIL PROB.
1.27	.635	2.83	98	.006	3.08	20.83	.006

VARIABLE	NUMBER OF CASES	MEAN	STANDARD DEVIATION	STANDARD ERROR
TREATMENT TIME				
GROUP 1	70	2.0143	1.335	.160
GROUP 2	12	2.0833	2.109	.609

		POOLED VARIANCE ESTIMATE			SEPARATE VARIANCE ESTIMATE		
F VALUE	2-TAIL PROB.	T VALUE	DEGREES OF FREEDOM	2-TAIL PROB.	T VALUE	DEGREES OF FREEDOM	2-TAIL PROB.
2.49	.021	-.15	80	.881	-.11	12.55	.914

VARIABLE	NUMBER OF CASES	MEAN	STANDARD DEVIATION	STANDARD ERROR
TIME ELAPSED				
GROUP 1	69	7.9130	2.832	.341
GROUP 2	12	8.5000	3.729	1.077

		POOLED VARIANCE ESTIMATE			SEPARATE VARIANCE ESTIMATE		
F VALUE	2-TAIL PROB.	T VALUE	DEGREES OF FREEDOM	2-TAIL PROB.	T VALUE	DEGREES OF FREEDOM	2-TAIL PROB.
1.73	.169	-.63	79	.530	-.52	13.30	.612

VARIABLE	NUMBER OF CASES	MEAN	STANDARD DEVIATION	STANDARD ERROR
GENERAL HYPOCHONDRIASIS				
GROUP 1	88	1.5341	1.774	.189
GROUP 2	15	1.2000	1.320	.341

		POOLED VARIANCE ESTIMATE			SEPARATE VARIANCE ESTIMATE		
F VALUE	2-TAIL PROB.	T VALUE	DEGREES OF FREEDOM	2-TAIL PROB.	T VALUE	DEGREES OF FREEDOM	2-TAIL PROB.
1.81	.214	.70	101	.488	.85	23.59	.400

VARIABLE	NUMBER OF CASES	MEAN	STANDARD DEVIATION	STANDARD ERROR
DISEASE CONVICTION				
GROUP 1	88	1.9659	1.497	.160
GROUP 2	15	2.2667	1.624	.419

		POOLED VARIANCE ESTIMATE			SEPARATE VARIANCE ESTIMATE		
F VALUE	2-TAIL PROB.	T VALUE	DEGREES OF FREEDOM	2-TAIL PROB.	T VALUE	DEGREES OF FREEDOM	2-TAIL PROB.
1.18	.614	-.71	101	.479	-.67	18.28	.511

VARIABLE	NUMBER OF CASES	MEAN	STANDARD DEVIATION	STANDARD ERROR
PSYCHOLOGICAL V SOMATIC FOCUSING				
GROUP 1	88	1.7273	.906	.097
GROUP 2	15	1.2000	.862	.223

		POOLED VARIANCE ESTIMATE			SEPARATE VARIANCE ESTIMATE		
F VALUE	2-TAIL PROB.	T VALUE	DEGREES OF FREEDOM	2-TAIL PROB.	T VALUE	DEGREES OF FREEDOM	2-TAIL PROB.
1.11	.886	2.10	101	.039	2.17	19.66	.042

VARIABLE	NUMBER OF CASES	MEAN	STANDARD DEVIATION	STANDARD ERROR
AFFECTIVE INHIBITION				
GROUP 1	88	2.3636	1.533	.163
GROUP 2	15	2.2667	1.751	.452

		POOLED VARIANCE ESTIMATE			SEPARATE VARIANCE ESTIMATE		
F VALUE	2-TAIL PROB.	T VALUE	DEGREES OF FREEDOM	2-TAIL PROB.	T VALUE	DEGREES OF FREEDOM	2-TAIL PROB.
1.31	.442	.22	101	.825	.20	17.85	.842

VARIABLE	NUMBER OF CASES	MEAN	STANDARD DEVIATION	STANDARD ERROR
AFFECTIVE DISTURBANCE				
GROUP 1	88	2.3068	1.621	.173
GROUP 2	15	2.6000	1.639	.423

		POOLED VARIANCE ESTIMATE			SEPARATE VARIANCE ESTIMATE		
F VALUE	2-TAIL PROB.	T VALUE	DEGREES OF FREEDOM	2-TAIL PROB.	T VALUE	DEGREES OF FREEDOM	2-TAIL PROB.
1.02	.880	-.65	101	.520	-.64	18.98	.529

VARIABLE	NUMBER OF CASES	MEAN	STANDARD DEVIATION	STANDARD ERROR
DENIAL				
GROUP 1	88	2.9659	1.629	.174
GROUP 2	15	4.0000	1.195	.309

		POOLED VARIANCE ESTIMATE			SEPARATE VARIANCE ESTIMATE		
F VALUE	2-TAIL PROB.	T VALUE	DEGREES OF FREEDOM	2-TAIL PROB.	T VALUE	DEGREES OF FREEDOM	2-TAIL PROB.
1.86	.193	-2.35	101	.021	-2.92	23.39	.007

VARIABLE	NUMBER OF CASES	MEAN	STANDARD DEVIATION	STANDARD ERROR
IRRITABILITY				
GROUP 1	88	2.1250	1.603	.171
GROUP 2	15	1.4667	1.642	.424

		POOLED VARIANCE ESTIMATE			SEPARATE VARIANCE ESTIMATE		
F VALUE	2-TAIL PROB.	T VALUE	DEGREES OF FREEDOM	2-TAIL PROB.	T VALUE	DEGREES OF FREEDOM	2-TAIL PROB.
1.05	.830	1.47	101	.146	1.44	18.84	.166

VARIABLE	NUMBER OF CASES	MEAN	STANDARD DEVIATION	STANDARD ERROR
AFFECTIVE STATE				
GROUP 1	88	5.9659	3.740	.399
GROUP 2	15	5.2667	3.348	.864

		POOLED VARIANCE ESTIMATE			SEPARATE VARIANCE ESTIMATE		
F VALUE	2-TAIL PROB.	T VALUE	DEGREES OF FREEDOM	2-TAIL PROB.	T VALUE	DEGREES OF FREEDOM	2-TAIL PROB.
1.25	.669	.68	101	.499	.73	20.44	.471

VARIABLE	NUMBER OF CASES	MEAN	STANDARD DEVIATION	STANDARD ERROR
DISEASE AFFIRMATION				
GROUP 1	88	5.2386	2.017	.215
GROUP 2	15	6.0667	2.219	.573

		POOLED VARIANCE ESTIMATE			SEPARATE VARIANCE ESTIMATE		
F VALUE	2-TAIL PROB.	T VALUE	DEGREES OF FREEDOM	2-TAIL PROB.	T VALUE	DEGREES OF FREEDOM	2-TAIL PROB.
1.21	.566	-1.45	101	.151	-1.35	18.16	.193

VARIABLE	NUMBER OF CASES	MEAN	STANDARD DEVIATION	STANDARD ERROR
DISCRIMINANT FUNCTION				
GROUP 1	83	53.0875	15.320	1.633
GROUP 2	15	62.7200	16.054	4.145

		POOLED VARIANCE ESTIMATE			SEPARATE VARIANCE ESTIMATE		
F VALUE	2-TAIL PROB.	T VALUE	DEGREES OF FREEDOM	2-TAIL PROB.	T VALUE	DEGREES OF FREEDOM	2-TAIL PROB.
1.10	.742	-2.24	101	.028	-2.16	18.61	.044

VARIABLE	NUMBER OF CASES	MEAN	STANDARD DEVIATION	STANDARD ERROR
WHITELEY INDEX				
GROUP 1	83	3.2955	3.022	.322
GROUP 2	15	3.4667	2.167	.559

		POOLED VARIANCE ESTIMATE			SEPARATE VARIANCE ESTIMATE		
F VALUE	2-TAIL PROB.	T VALUE	DEGREES OF FREEDOM	2-TAIL PROB.	T VALUE	DEGREES OF FREEDOM	2-TAIL PROB.
1.94	.162	-.21	101	.834	-.27	24.39	.793

VARIABLE	NUMBER OF CASES	MEAN	STANDARD DEVIATION	STANDARD ERROR
SPIELBERGER STATE SCORE				
GROUP 1	79	38.7215	12.093	1.361
GROUP 2	13	39.4615	8.866	2.459

		POOLED VARIANCE ESTIMATE			SEPARATE VARIANCE ESTIMATE		
F VALUE	2-TAIL PROB.	T VALUE	DEGREES OF FREEDOM	2-TAIL PROB.	T VALUE	DEGREES OF FREEDOM	2-TAIL PROB.
1.86	.233	-.21	90	.833	-.26	20.18	.795

VARIABLE	NUMBER OF CASES	MEAN	STANDARD DEVIATION	STANDARD ERROR
SPIELBERGER TRAIT SCORE				
GROUP 1	77	40.1169	10.964	1.249
GROUP 2	14	37.8571	8.170	2.183

		POOLED VARIANCE ESTIMATE			SEPARATE VARIANCE ESTIMATE		
F VALUE	2-TAIL PROB.	T VALUE	DEGREES OF FREEDOM	2-TAIL PROB.	T VALUE	DEGREES OF FREEDOM	2-TAIL PROB.
1.80	.237	.73	89	.465	.90	22.50	.379

VARIABLE	NUMBER OF CASES	MEAN	STANDARD DEVIATION	STANDARD ERROR
ZUNG DEPRESSION SCORE				
GROUP 1	70	37.5571	9.693	1.159
GROUP 2	11	38.2727	9.221	2.780

		POOLED VARIANCE ESTIMATE			SEPARATE VARIANCE ESTIMATE		
F VALUE	2-TAIL PROB.	T VALUE	DEGREES OF FREEDOM	2-TAIL PROB.	T VALUE	DEGREES OF FREEDOM	2-TAIL PROB.
1.11	.933	-.23	79	.819	-.24	13.72	.816

VARIABLE	NUMBER OF CASES	MEAN	STANDARD DEVIATION	STANDARD ERROR
LIFE EVENTS				
GROUP 1	88	424.0795	331.145	35.300
GROUP 2	14	223.0714	220.326	58.885

		POOLED VARIANCE ESTIMATE			SEPARATE VARIANCE ESTIMATE		
F VALUE	2-TAIL PROB.	T VALUE	DEGREES OF FREEDOM	2-TAIL PROB.	T VALUE	DEGREES OF FREEDOM	2-TAIL PROB.
2.26	.102	2.19	100	.031	2.93	23.57	.007

VARIABLE	NUMBER OF CASES	MEAN	STANDARD DEVIATION	STANDARD ERROR
SERIOUS EVENTS				
GROUP 1	88	313.3068	266.346	28.393
GROUP 2	14	147.1429	191.314	51.131

		POOLED VARIANCE ESTIMATE			SEPARATE VARIANCE ESTIMATE		
F VALUE	2-TAIL PROB.	T VALUE	DEGREES OF FREEDOM	2-TAIL PROB.	T VALUE	DEGREES OF FREEDOM	2-TAIL PROB.
1.94	.182	2.24	100	.027	2.84	21.94	.010

CHI SQUARE TEST

SEXUAL PROBLEMS

ROW PCT / COL PCT / TOT PCT	7.	8.	ROW TOTAL
1.	63 71.6 85.1 61.8	25 28.4 89.3 24.5	88 86.3
2.	11 78.6 14.9 10.8	3 21.4 10.7 2.9	14 13.7
COLUMN TOTAL	74 72.5	28 27.5	102 100.0

CORRECTED CHI SQ = .04895 1 D.F., SIG. = .8249
RAW CHI SQ = .29553 1 D.F., SIG. = .5867

MISSING OBSERVATIONS - 1

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RADIOGRAPHIC INDEX

COUNT / ROW PCT / COL PCT / TOT PCT	0	1.	2.	ROW TOTAL
1.	9 20.9 69.2 16.4	5 11.6 62.5 9.1	29 67.4 85.3 52.7	43 78.2
2.	4 33.3 30.8 7.3	3 25.0 37.5 5.5	5 41.7 14.7 9.1	12 21.8
COLUMN TOTAL	13 23.6	8 14.5	34 61.8	55 100.0

RAW CHI SQ = 2.77222 WITH 2 D.F., SIG. = .2500

MISSING OBSERVATIONS - 48

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MUSCLE INDEX

COUNT / ROW PCT / COL PCT / TOT PCT	0	1.	2.	ROW TOTAL
1.	7 8.0 87.5 6.8	35 39.8 92.1 34.0	46 52.3 80.7 44.7	88 85.4
2.	1 6.7 12.5 1.0	3 20.0 7.9 2.9	11 73.3 19.3 10.7	15 14.6
COLUMN TOTAL	8 7.8	38 36.9	57 55.3	103 100.0

RAW CHI SQ = 2.41261 WITH 2 D.F., SIG. = .2993

TMJ INDEX

COUNT / ROW PCT / COL PCT / TOT PCT	0	1.	2.	ROW TOTAL
1.	5 5.7 71.4 4.9	38 43.2 88.4 36.9	45 51.1 84.9 43.7	88 85.4
2.	2 13.3 28.6 1.9	5 33.3 11.6 4.9	8 53.3 15.1 7.8	15 14.6
COLUMN TOTAL	7 6.8	43 41.7	53 51.5	103 100.0

RAW CHI SQ = 1.41377 WITH 2 D.F., SIG. = .4932

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TEETH INDEX

COUNT / ROW PCT / COL PCT / TOT PCT	0	1.	2.	ROW TOTAL
1.	16 18.8 80.0 16.0	6 7.1 42.9 6.0	63 74.1 95.5 63.0	85 85.0
2.	4 26.7 20.0 4.0	8 53.3 57.1 8.0	3 20.0 4.5 3.0	15 15.0
COLUMN TOTAL	20 20.0	14 14.0	66 66.0	100 100.0

RAW CHI SQ = 25.55131 WITH 2 D.F., SIG. = .0000

MISSING OBSERVATIONS - 3

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CLINICAL INDEX

COUNT / ROW PCT / COL PCT / TOT PCT	0	1.	2.	ROW TOTAL
1.	1 1.1 100.0 1.0	52 59.1 88.1 50.5	35 39.8 81.4 34.0	88 85.4
2.	0 0 0 0	7 46.7 11.9 6.8	8 53.3 18.6 7.8	15 14.6
COLUMN TOTAL	1 1.0	59 57.3	43 41.7	103 100.0

RAW CHI SQ = 1.08031 WITH 2 D.F., SIG. = .5827

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ANAMNESTIC INDEX

COUNT / ROW PCT / COL PCT / TOT PCT	0	2.	ROW TOTAL
1.	2	86	88
	2.3	97.7	85.4
	100.0	85.1	
	1.9	83.5	
2.	0	15	15
	0	100.0	14.6
	0	14.9	
	0	14.6	
COLUMN TOTAL	2	101	103
	1.9	98.1	100.0

CORRECTED CHI SQ = 0 1 D.F., SIG. = 1.0000
RAW CHI SQ = .34766 1 D.F., SIG. = .5554

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COUNTRY

COUNT / ROW PCT / COL PCT / TOT PCT	1.	2.	3.	4.	6.	ROW TOTAL
1.	54	21	1	2	10	88
	61.4	23.9	1.1	2.3	11.4	85.4
	84.4	95.5	50.0	100.0	76.9	
	52.4	20.4	1.0	1.9	9.7	
2.	10	1	1	0	3	15
	66.7	6.7	6.7	0	20.0	14.6
	15.6	4.5	50.0	0	23.1	
	9.7	1.0	1.0	0	2.9	
COLUMN TOTAL	64	22	2	2	13	103
	62.1	21.4	1.9	1.9	12.6	100.0

RAW CHI SQ = 4.94923 WITH 4 D.F., SIG. = .2925

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TOTAL TEETH INDEX

COUNT / ROW PCT / COL PCT / TOT PCT	1.	2.	ROW TOTAL
1.	0	85	85
	0	100.0	85.0
	0	88.5	
	0	85.0	
2.	4	11	15
	26.7	73.3	15.0
	100.0	11.5	
	4.0	11.0	
COLUMN TOTAL	4	96	100
	4.0	96.0	100.0

CORRECTED CHI SQ = 17.17729 1 D.F., SIG. = .0000
RAW CHI SQ = 23.61111 1 D.F., SIG. = .0000

MISSING OBSERVATIONS - 3

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OCCUPATION

COUNT ROW PCT COL PCT TOT PCT	1.	2.	3.	5.	6.	ROW TOTAL
1.	3 3.4 75.0 2.9	26 29.5 78.8 25.2	13 14.8 92.9 12.6	6 6.8 100.0 5.8	1 1.1 100.0 1.0	88 85.4
2.	1 6.7 25.0 1.0	7 46.7 21.2 6.8	1 6.7 7.1 1.0	0 0 0 0	0 0 0 0	15 14.6
COLUMN TOTAL	4 3.9	33 32.0	14 13.6	6 5.8	1 1.0	103 100.0

OCCUPATION

COUNT ROW PCT COL PCT TOT PCT	7.	8.	9.	ROW TOTAL
1.	9 10.2 64.3 8.7	11 12.5 91.7 10.7	19 21.6 100.0 18.4	88 85.4
2.	5 33.3 35.7 4.9	1 6.7 8.3 1.0	0 0 0 0	15 14.6
COLUMN TOTAL	14 13.6	12 11.7	19 18.4	103 100.0

RAW CHI SQ = 11.98221 WITH 7 D.F., SIG. = .1011

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CURED

COUNT / ROW PCT / COL PCT / TOT PCT	0	1.	ROW TOTAL
1.	31 50.0 81.6 42.5	31 50.0 88.6 42.5	62 84.9
2.	7 63.6 18.4 9.6	4 36.4 11.4 5.5	11 15.1
COLUMN TOTAL	38 52.1	35 47.9	73 100.0

CORRECTED CHI SQ = .25691 1 D.F., SIG. = .6123
RAW CHI SQ = .69607 1 D.F., SIG. = .4041

MISSING OBSERVATIONS - 30

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INITIAL TREATMENT

COUNT / ROW PCT / COL PCT / TOT PCT	1.	3.	4.	7.	ROW TOTAL
1.	61 91.0 85.9 77.2	1 1.5 50.0 1.3	1 1.5 100.0 1.3	4 6.0 80.0 5.1	67 84.8
2.	10 83.3 14.1 12.7	1 8.3 50.0 1.3	0 0 0 0	1 8.3 20.0 1.3	12 15.2
COLUMN TOTAL	71 89.9	2 2.5	1 1.3	5 6.3	79 100.0

RAW CHI SQ = 2.21746 WITH 3 D.F., SIG. = .5285

MISSING OBSERVATIONS - 24

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MANN WHITNEY U TEST

SERIOUS EVENTS

GROUP = 1.		GROUP = 2.	
MEAN RANK	NUMBER	MEAN RANK	NUMBER
54.51	88	32.57	14

		CORRECTED FOR TIES	
U	W	Z	2-TAILED P
351.0	456.0	2.5804	.0099

LIFE EVENTS

GROUP = 1.		GROUP = 2.	
MEAN RANK	NUMBER	MEAN RANK	NUMBER
54.35	88	33.57	14

		CORRECTED FOR TIES	
U	W	Z	2-TAILED P
365.0	470.0	2.4420	.0146

ZUNG DEPRESSION SCORE

GROUP = 1.		GROUP = 2.	
MEAN RANK	NUMBER	MEAN RANK	NUMBER
40.65	70	43.23	11

		CORRECTED FOR TIES	
U	W	Z	2-TAILED P
360.5	475.5	-.3381	.7353

SPIELBERGER TRAIT SCORE

GROUP = 1.		GROUP = 2.	
MEAN RANK	NUMBER	MEAN RANK	NUMBER
46.49	77	43.29	14

		CORRECTED FOR TIES	
U	W	Z	2-TAILED P
501.0	606.0	.4184	.6757

SPIELBERGER STATE SCORE

GROUP = 1.		GROUP = 2.	
MEAN RANK	NUMBER	MEAN RANK	NUMBER
45.70	79	51.35	13

		CORRECTED FOR TIES	
U	W	Z	2-TAILED P
450.5	567.5	-.7070	.4796

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        WHITELEY INDEX

GROUP          =           1.      GROUP          =            2.
MEAN RANK          NUMBER        MEAN RANK           NUMBER
    50.99              88           57.93                15

                                  CORRECTED FOR TIES
    U                W               Z        2-TAILED P
  571.0            869.0          -.8405         .4006

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        DISCRIMINANT FUNCTION

GROUP          =           1.      GROUP          =            2.
MEAN RANK          NUMBER        MEAN RANK           NUMBER
    49.52              88           66.57                15

                                  CORRECTED FOR TIES
    U                W               Z        2-TAILED P
  441.5            998.5         -2.0430         .0411

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        DISEASE AFFIRMATION

GROUP          =           1.      GROUP          =            2.
MEAN RANK          NUMBER        MEAN RANK           NUMBER
    50.33              88           61.80                15

                                  CORRECTED FOR TIES
    U                W               Z        2-TAILED P
  513.0            927.0         -1.3920         .1639

------------------------------------------------------------------------

         AFFECTIVE STATE

GROUP          =           1.      GROUP          =            2.
MEAN RANK          NUMBER        MEAN RANK           NUMBER
    52.59              88           48.57                15

                                  CORRECTED FOR TIES
    U                W               Z        2-TAILED P
  608.5            728.5           .4840         .6284

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          GENERAL HYPOCHONDRIASIS

GROUP          =           1.      GROUP          =            2.
MEAN RANK          NUMBER        MEAN RANK           NUMBER
    52.59              88           48.53                15

                                  CORRECTED FOR TIES
    U                W               Z        2-TAILED P
  608.0            728.0           .5049         .6136

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          DISEASE CONVICTION

GROUP        =            1.     GROUP          =          2.
MEAN RANK            NUMBER    MEAN RANK          NUMBER
    50.90                88        58.43              15

                                   CORRECTED FOR TIES
    U                 W              Z        2-TAILED P
  563.5             876.5         -.9253         .3548

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          PSYCHOLOGICAL V SOMATIC FOCUSING

GROUP        =            1.     GROUP          =          2.
MEAN RANK            NUMBER    MEAN RANK          NUMBER
    54.11                88        39.60              15

                                   CORRECTED FOR TIES
    U                 W              Z        2-TAILED P
  474.0             594.0         1.8587         .0631

--------------------------------------------------------------------

          AFFECTIVE INHIBITION

GROUP        =            1.     GROUP          =          2.
MEAN RANK            NUMBER    MEAN RANK          NUMBER
    52.28                88        50.33              15

                                   CORRECTED FOR TIES
    U                 W              Z        2-TAILED P
  635.0             755.0          .2377         .8121

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          AFFECTIVE DISTURBANCE

GROUP        =            1.     GROUP          =          2.
MEAN RANK            NUMBER    MEAN RANK          NUMBER
    51.23                88        56.53              15

                                   CORRECTED FOR TIES
    U                 W              Z        2-TAILED P
  592.0             848.0         -.6478         .5171

--------------------------------------------------------------------

          DENIAL

GROUP        =            1.     GROUP          =          2.
MEAN RANK            NUMBER    MEAN RANK          NUMBER
    49.21                88        68.37              15

                                   CORRECTED FOR TIES
    U                 W              Z        2-TAILED P
  414.5            1025.5        -2.3414         .0192

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IRRITABILITY

GROUP = 1.		GROUP = 2.	
MEAN RANK	NUMBER	MEAN RANK	NUMBER
53.94	88	40.63	15

		CORRECTED FOR TIES	
U	W	Z	2-TAILED P
489.5	609.5	1.6282	.1035

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APPENDIX V

PART B

SECTION 3.

This section describes statistical analysis between groups associated with Atypical Facial Pain (A.F.P.).

The groups were:

1. All patients (public, private, male or female) who had either :
   (a) TMJ Dysfunction (Group 1), or
   (b) A.F.P. (Group 2)

2. All patients who had either:
   (a) A.F.P. (Group 1) or
   (b) dental pain (i.e. controls) (Group 2).

APPENDIX V

PART B

SECTION 3

(Pages B.3.1. to B.3.17).

1. This section describes statistical analysis between groups who were either private or public, male or female patients and who had either:

(a) TMJ Dysfunction (Group 1), or
(b) A.F.P. (Group 2).

T TEST

VARIABLE	NUMBER OF CASES	MEAN	STANDARD DEVIATION	STANDARD ERROR
AGE				
GROUP 1	103	40.2913	19.740	1.945
GROUP 2	20	46.3500	16.703	3.735

		POOLED VARIANCE ESTIMATE			SEPARATE VARIANCE ESTIMATE		
F VALUE	2-TAIL PROB.	T VALUE	DEGREES OF FREEDOM	2-TAIL PROB.	T VALUE	DEGREES OF FREEDOM	2-TAIL PROB.
1.40	.410	-1.39	121	.167	-1.56	30.29	.130

VARIABLE	NUMBER OF CASES	MEAN	STANDARD DEVIATION	STANDARD ERROR
ANAMNESTIC INDEX				
GROUP 1	103	1.9612	.277	.027
GROUP 2	20	1.6000	.821	.184

		POOLED VARIANCE ESTIMATE			SEPARATE VARIANCE ESTIMATE		
F VALUE	2-TAIL PROB.	T VALUE	DEGREES OF FREEDOM	2-TAIL PROB.	T VALUE	DEGREES OF FREEDOM	2-TAIL PROB.
8.76	.000	3.58	121	.000	1.95	19.85	.066

VARIABLE	NUMBER OF CASES	MEAN	STANDARD DEVIATION	STANDARD ERROR
CLINICAL INDEX				
GROUP 1	103	1.4078	.513	.051
GROUP 2	20	.8500	.745	.167

		POOLED VARIANCE ESTIMATE			SEPARATE VARIANCE ESTIMATE		
F VALUE	2-TAIL PROB.	T VALUE	DEGREES OF FREEDOM	2-TAIL PROB.	T VALUE	DEGREES OF FREEDOM	2-TAIL PROB.
2.11	.018	4.10	121	.000	3.20	22.63	.004

VARIABLE	NUMBER OF CASES	MEAN	STANDARD DEVIATION	STANDARD ERROR
MUSCLE INDEX				
GROUP 1	103	1.4757	.639	.063
GROUP 2	20	.6500	.813	.182

		POOLED VARIANCE ESTIMATE			SEPARATE VARIANCE ESTIMATE		
F VALUE	2-TAIL PROB.	T VALUE	DEGREES OF FREEDOM	2-TAIL PROB.	T VALUE	DEGREES OF FREEDOM	2-TAIL PROB.
1.62	.132	3.82	121	.000	3.25	23.78	.003

VARIABLE	NUMBER OF CASES	MEAN	STANDARD DEVIATION	STANDARD ERROR
TMJ INDEX				
GROUP 1	103	1.4466	.622	.061
GROUP 2	20	.6000	.821	.184

		POOLED VARIANCE ESTIMATE			SEPARATE VARIANCE ESTIMATE		
F VALUE	2-TAIL PROB.	T VALUE	DEGREES OF FREEDOM	2-TAIL PROB.	T VALUE	DEGREES OF FREEDOM	2-TAIL PROB.
1.74	.082	5.27	121	.000	4.38	23.42	.000

VARIABLE	NUMBER OF CASES	MEAN	STANDARD DEVIATION	STANDARD ERROR
PAIN DURATION				
GROUP 1	82	13.5244	18.778	2.074
GROUP 2	9	20.0000	14.765	4.922

		POOLED VARIANCE ESTIMATE			SEPARATE VARIANCE ESTIMATE		
F VALUE	2-TAIL PROB.	T VALUE	DEGREES OF FREEDOM	2-TAIL PROB.	T VALUE	DEGREES OF FREEDOM	2-TAIL PROB.
1.62	.480	-1.00	89	.320	-1.21	11.06	.251

VARIABLE	NUMBER OF CASES	MEAN	STANDARD DEVIATION	STANDARD ERROR
NUMBER OF NATURAL TEETH				
GROUP 1	100	19.6100	11.203	1.120
GROUP 2	17	16.1176	12.742	3.090

		POOLED VARIANCE ESTIMATE			SEPARATE VARIANCE ESTIMATE		
F VALUE	2-TAIL PROB.	T VALUE	DEGREES OF FREEDOM	2-TAIL PROB.	T VALUE	DEGREES OF FREEDOM	2-TAIL PROB.
1.29	.433	1.16	115	.247	1.06	20.42	.301

VARIABLE	NUMBER OF CASES	MEAN	STANDARD DEVIATION	STANDARD ERROR
TEETH INDEX				
GROUP 1	100	1.4600	.809	.081
GROUP 2	17	1.2941	.920	.223

		POOLED VARIANCE ESTIMATE			SEPARATE VARIANCE ESTIMATE		
F VALUE	2-TAIL PROB.	T VALUE	DEGREES OF FREEDOM	2-TAIL PROB.	T VALUE	DEGREES OF FREEDOM	2-TAIL PROB.
1.29	.436	.77	115	.445	.70	20.43	.492

VARIABLE	NUMBER OF CASES	MEAN	STANDARD DEVIATION	STANDARD ERROR
CONTACTS				
GROUP 1	100	24.4900	6.455	.645
GROUP 2	16	25.7500	4.906	1.226

		POOLED VARIANCE ESTIMATE			SEPARATE VARIANCE ESTIMATE		
F VALUE	2-TAIL PROB.	T VALUE	DEGREES OF FREEDOM	2-TAIL PROB.	T VALUE	DEGREES OF FREEDOM	2-TAIL PROB.
1.73	.229	-.75	114	.457	-.91	24.18	.372

VARIABLE	NUMBER OF CASES	MEAN	STANDARD DEVIATION	STANDARD ERROR
TREATMENT TIME				
GROUP 1	82	2.0244	1.457	.161
GROUP 2	8	1.8750	1.126	.398

		POOLED VARIANCE ESTIMATE			SEPARATE VARIANCE ESTIMATE		
F VALUE	2-TAIL PROB.	T VALUE	DEGREES OF FREEDOM	2-TAIL PROB.	T VALUE	DEGREES OF FREEDOM	2-TAIL PROB.
1.67	.487	.28	88	.779	.35	9.45	.736

VARIABLE	NUMBER OF CASES	MEAN	STANDARD DEVIATION	STANDARD ERROR
TIME ELAPSED				
GROUP 1	31	8.0000	2.962	.532
GROUP 2	8	8.2500	3.370	1.191

		POOLED VARIANCE ESTIMATE			SEPARATE VARIANCE ESTIMATE		
F VALUE	2-TAIL PROB.	T VALUE	DEGREES OF FREEDOM	2-TAIL PROB.	T VALUE	DEGREES OF FREEDOM	2-TAIL PROB.
1.29	.528	-.23	37	.822	-.20	8.10	.845

VARIABLE	NUMBER OF CASES	MEAN	STANDARD DEVIATION	STANDARD ERROR
GENERAL HYPOCHONDRIASIS				
GROUP 1	103	1.4854	1.714	.169
GROUP 2	20	1.1500	1.387	.310

		POOLED VARIANCE ESTIMATE			SEPARATE VARIANCE ESTIMATE		
F VALUE	2-TAIL PROB.	T VALUE	DEGREES OF FREEDOM	2-TAIL PROB.	T VALUE	DEGREES OF FREEDOM	2-TAIL PROB.
1.53	.292	.82	121	.412	.95	31.43	.350

VARIABLE	NUMBER OF CASES	MEAN	STANDARD DEVIATION	STANDARD ERROR
DISEASE CONVICTION				
GROUP 1	103	2.0097	1.511	.149
GROUP 2	20	2.9500	1.905	.426

		POOLED VARIANCE ESTIMATE			SEPARATE VARIANCE ESTIMATE		
F VALUE	2-TAIL PROB.	T VALUE	DEGREES OF FREEDOM	2-TAIL PROB.	T VALUE	DEGREES OF FREEDOM	2-TAIL PROB.
1.59	.146	-2.44	121	.016	-2.08	23.86	.048

VARIABLE	NUMBER OF CASES	MEAN	STANDARD DEVIATION	STANDARD ERROR
PSYCHOLOGICAL V SOMATIC FOCUSING				
GROUP 1	103	1.6505	.915	.090
GROUP 2	20	1.1500	.938	.221

		POOLED VARIANCE ESTIMATE			SEPARATE VARIANCE ESTIMATE		
F VALUE	2-TAIL PROB.	T VALUE	DEGREES OF FREEDOM	2-TAIL PROB.	T VALUE	DEGREES OF FREEDOM	2-TAIL PROB.
1.17	.603	2.21	121	.029	2.10	25.72	.046

VARIABLE	NUMBER OF CASES	MEAN	STANDARD DEVIATION	STANDARD ERROR
AFFECTIVE INHIBITION				
GROUP 1	103	2.3495	1.557	.153
GROUP 2	20	2.1000	1.294	.289

		POOLED VARIANCE ESTIMATE			SEPARATE VARIANCE ESTIMATE		
F VALUE	2-TAIL PROB.	T VALUE	DEGREES OF FREEDOM	2-TAIL PROB.	T VALUE	DEGREES OF FREEDOM	2-TAIL PROB.
1.45	.358	.67	121	.503	.76	30.74	.452

VARIABLE	NUMBER OF CASES	MEAN	STANDARD DEVIATION	STANDARD ERROR
AFFECTIVE DISTURBANCE				
GROUP 1	103	2.3495	1.619	.160
GROUP 2	20	2.5500	1.731	.387

		POOLED VARIANCE ESTIMATE			SEPARATE VARIANCE ESTIMATE		
F VALUE	2-TAIL PROB.	T VALUE	DEGREES OF FREEDOM	2-TAIL PROB.	T VALUE	DEGREES OF FREEDOM	2-TAIL PROB.
1.14	.643	-.50	121	.617	-.48	25.86	.636

VARIABLE	NUMBER OF CASES	MEAN	STANDARD DEVIATION	STANDARD ERROR
DENIAL				
GROUP 1	103	3.1165	1.611	.159
GROUP 2	20	3.3500	1.631	.365

		POOLED VARIANCE ESTIMATE			SEPARATE VARIANCE ESTIMATE		
F VALUE	2-TAIL PROB.	T VALUE	DEGREES OF FREEDOM	2-TAIL PROB.	T VALUE	DEGREES OF FREEDOM	2-TAIL PROB.
1.03	.879	-.59	121	.555	-.59	26.70	.562

VARIABLE	NUMBER OF CASES	MEAN	STANDARD DEVIATION	STANDARD ERROR
IRRITABILITY				
GROUP 1	103	2.0291	1.618	.159
GROUP 2	20	2.0500	1.761	.394

		POOLED VARIANCE ESTIMATE			SEPARATE VARIANCE ESTIMATE		
F VALUE	2-TAIL PROB.	T VALUE	DEGREES OF FREEDOM	2-TAIL PROB.	T VALUE	DEGREES OF FREEDOM	2-TAIL PROB.
1.19	.569	-.05	121	.959	-.05	25.60	.961

VARIABLE	NUMBER OF CASES	MEAN	STANDARD DEVIATION	STANDARD ERROR
AFFECTIVE STATE				
GROUP 1	103	5.8641	3.678	.362
GROUP 2	20	5.7500	3.259	.729

		POOLED VARIANCE ESTIMATE			SEPARATE VARIANCE ESTIMATE		
F VALUE	2-TAIL PROB.	T VALUE	DEGREES OF FREEDOM	2-TAIL PROB.	T VALUE	DEGREES OF FREEDOM	2-TAIL PROB.
1.27	.561	.13	121	.897	.14	29.23	.889

VARIABLE	NUMBER OF CASES	MEAN	STANDARD DEVIATION	STANDARD ERROR
DISEASE AFFIRMATION				
GROUP 1	103	5.3592	2.057	.203
GROUP 2	20	6.8000	2.626	.538

		POOLED VARIANCE ESTIMATE			SEPARATE VARIANCE ESTIMATE		
F VALUE	2-TAIL PROB.	T VALUE	DEGREES OF FREEDOM	2-TAIL PROB.	T VALUE	DEGREES OF FREEDOM	2-TAIL PROB.
1.63	.125	-2.73	121	.007	-2.32	23.73	.029

VARIABLE	NUMBER OF CASES	MEAN	STANDARD DEVIATION	STANDARD ERROR
DISCRIMINANT FUNCTION				
GROUP 1	103	54.4903	15.723	1.549
GROUP 2	20	65.6650	18.504	4.138

		POOLED VARIANCE ESTIMATE			SEPARATE VARIANCE ESTIMATE		
F VALUE	2-TAIL PROB.	T VALUE	DEGREES OF FREEDOM	2-TAIL PROB.	T VALUE	DEGREES OF FREEDOM	2-TAIL PROB.
1.39	.302	-2.82	121	.006	-2.53	24.61	.018

VARIABLE	NUMBER OF CASES	MEAN	STANDARD DEVIATION	STANDARD ERROR
WHITELEY INDEX				
GROUP 1	103	3.3204	2.904	.286
GROUP 2	20	3.8500	2.943	.658

		POOLED VARIANCE ESTIMATE			SEPARATE VARIANCE ESTIMATE		
F VALUE	2-TAIL PROB.	T VALUE	DEGREES OF FREEDOM	2-TAIL PROB.	T VALUE	DEGREES OF FREEDOM	2-TAIL PROB.
1.03	.877	-.74	121	.458	-.74	26.69	.467

VARIABLE	NUMBER OF CASES	MEAN	STANDARD DEVIATION	STANDARD ERROR
SPIELBERGER STATE SCORE				
GROUP 1	92	38.3261	11.652	1.215
GROUP 2	17	35.7059	11.368	2.757

		POOLED VARIANCE ESTIMATE			SEPARATE VARIANCE ESTIMATE		
F VALUE	2-TAIL PROB.	T VALUE	DEGREES OF FREEDOM	2-TAIL PROB.	T VALUE	DEGREES OF FREEDOM	2-TAIL PROB.
1.05	.970	1.02	107	.311	1.04	22.67	.311

VARIABLE	NUMBER OF CASES	MEAN	STANDARD DEVIATION	STANDARD ERROR
SPIELBERGER TRAIT SCORE				
GROUP 1	91	39.7692	10.575	1.109
GROUP 2	17	36.5882	9.028	2.190

		POOLED VARIANCE ESTIMATE			SEPARATE VARIANCE ESTIMATE		
F VALUE	2-TAIL PROB.	T VALUE	DEGREES OF FREEDOM	2-TAIL PROB.	T VALUE	DEGREES OF FREEDOM	2-TAIL PROB.
1.37	.484	1.16	106	.248	1.30	24.96	.207

VARIABLE	NUMBER OF CASES	MEAN	STANDARD DEVIATION	STANDARD ERROR
ZUNG DEPRESSION SCORE				
GROUP 1	81	37.6543	9.578	1.064
GROUP 2	15	36.9333	10.103	2.609

		POOLED VARIANCE ESTIMATE			SEPARATE VARIANCE ESTIMATE		
F VALUE	2-TAIL PROB.	T VALUE	DEGREES OF FREEDOM	2-TAIL PROB.	T VALUE	DEGREES OF FREEDOM	2-TAIL PROB.
1.11	.720	.27	94	.791	.26	18.96	.801

VARIABLE	NUMBER OF CASES	MEAN	STANDARD DEVIATION	STANDARD ERROR
LIFE EVENTS				
GROUP 1	102	396.4902	324.865	32.166
GROUP 2	18	400.7222	358.723	84.552

		POOLED VARIANCE ESTIMATE			SEPARATE VARIANCE ESTIMATE		
F VALUE	2-TAIL PROB.	T VALUE	DEGREES OF FREEDOM	2-TAIL PROB.	T VALUE	DEGREES OF FREEDOM	2-TAIL PROB.
1.22	.527	-.05	118	.960	-.05	22.20	.963

VARIABLE	NUMBER OF CASES	MEAN	STANDARD DEVIATION	STANDARD ERROR
SERIOUS EVENTS				
GROUP 1	102	290.5000	262.907	26.032
GROUP 2	18	306.7222	280.338	66.076

		POOLED VARIANCE ESTIMATE			SEPARATE VARIANCE ESTIMATE		
F VALUE	2-TAIL PROB.	T VALUE	DEGREES OF FREEDOM	2-TAIL PROB.	T VALUE	DEGREES OF FREEDOM	2-TAIL PROB.
1.14	.662	-.24	118	.812	-.23	22.59	.821

CHI SQUARE TEST

SEXUAL PROBLEMS

COUNT / ROW PCT / COL PCT / TOT PCT	7.	8.	ROW TOTAL
1.	74 72.5 83.1 61.7	28 27.5 90.3 23.3	102 85.0
2.	15 83.3 16.9 12.5	3 16.7 9.7 2.5	18 15.0
COLUMN TOTAL	89 74.2	31 25.8	120 100.0

CORRECTED CHI SQ = .45114 1 D.F., SIG. = .5018
RAW CHI SQ = .92873 1 D.F., SIG. = .3352

MISSING OBSERVATIONS - 3

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RADIOGRAPHIC INDEX

COUNT / ROW PCT / COL PCT / TOT PCT	0	1.	2.	ROW TOTAL
1.	13 23.6 92.9 21.7	8 14.5 80.0 13.3	34 61.8 94.4 56.7	55 91.7
2.	1 20.0 7.1 1.7	2 40.0 20.0 3.3	2 40.0 5.6 3.3	5 8.3
COLUMN TOTAL	14 23.3	10 16.7	36 60.0	60 100.0

RAW CHI SQ = 2.17143 WITH 2 D.F., SIG. = .3377

MISSING OBSERVATIONS - 63

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MUSCLE INDEX

COUNT / ROW PCT / COL PCT / TOT PCT	0	1.	2.	ROW TOTAL
1.	8 7.8 50.0 6.5	38 36.9 84.4 30.9	57 55.3 91.9 46.3	103 83.7
2.	8 40.0 50.0 6.5	7 35.0 15.6 5.7	5 25.0 8.1 4.1	20 16.3
COLUMN TOTAL	16 13.0	45 36.6	62 50.4	123 100.0

RAW CHI SQ = 16.45155 WITH 2 D.F., SIG. = .0003

TMJ INDEX

COUNT / ROW PCT / COL PCT / TOT PCT	0	1.	2.	ROW TOTAL
1.	7 6.8 36.8 5.7	43 41.7 91.5 35.0	53 51.5 93.0 43.1	103 83.7
2.	12 60.0 63.2 9.8	4 20.0 8.5 3.3	4 20.0 7.0 3.3	20 16.3
COLUMN TOTAL	19 15.4	47 38.2	57 46.3	123 100.0

RAW CHI SQ = 36.33929 WITH 2 D.F., SIG. = .0000

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TEETH INDEX

COUNT / ROW PCT / COL PCT / TOT PCT	0	1.	2.	ROW TOTAL
1.	20 20.0 80.0 17.1	14 14.0 87.5 12.0	66 66.0 86.8 56.4	100 85.5
2.	5 29.4 20.0 4.3	2 11.8 12.5 1.7	10 58.8 13.2 8.5	17 14.5
COLUMN TOTAL	25 21.4	16 13.7	76 65.0	117 100.0

RAW CHI SQ = .77064 WITH 2 D.F., SIG. = .6802

MISSING OBSERVATIONS - 6

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CLINICAL INDEX

COUNT / ROW PCT / COL PCT / TOT PCT	0	1.	2.	ROW TOTAL
1.	1 1.0 12.5 .8	59 57.3 86.8 48.0	43 41.7 91.5 35.0	103 83.7
2.	7 35.0 87.5 5.7	9 45.0 13.2 7.3	4 20.0 8.5 3.3	20 16.3
COLUMN TOTAL	8 6.5	68 55.3	47 38.2	123 100.0

RAW CHI SQ = 32.34793 WITH 2 D.F., SIG. = .0000

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ANAMNESTIC INDEX

COUNT / ROW PCT / COL PCT / TOT PCT		0	2.	ROW TOTAL
1.	COUNT	2	101	103
	ROW PCT	1.9	98.1	83.7
	COL PCT	33.3	86.3	
	TOT PCT	1.6	82.1	
2.	COUNT	4	16	20
	ROW PCT	20.0	80.0	16.3
	COL PCT	66.7	13.7	
	TOT PCT	3.3	13.0	
COLUMN TOTAL		6	117	123
		4.9	95.1	100.0

CORRECTED CHI SQ = 8.20019 1 D.F., SIG. = .0042
RAW CHI SQ = 11.77028 1 D.F., SIG. = .0006

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COUNTRY

COUNT / ROW PCT / COL PCT / TOT PCT		1.	2.	3.	4.	6.	ROW TOTAL
1.	COUNT	64	22	2	2	13	103
	ROW PCT	62.1	21.4	1.9	1.9	12.6	83.7
	COL PCT	84.2	75.9	66.7	100.0	100.0	
	TOT PCT	52.0	17.9	1.6	1.6	10.6	
2.	COUNT	12	7	1	0	0	20
	ROW PCT	60.0	35.0	5.0	0	0	16.3
	COL PCT	15.8	24.1	33.3	0	0	
	TOT PCT	9.8	5.7	.8	0	0	
COLUMN TOTAL		76	29	3	2	13	123
		61.8	23.6	2.4	1.6	10.6	100.0

RAW CHI SQ = 4.88896 WITH 4 D.F., SIG. = .2989

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TOTAL TEETH INDEX

COUNT / ROW PCT / COL PCT / TOT PCT		1.	2.	ROW TOTAL
1.	COUNT	4	96	100
	ROW PCT	4.0	96.0	85.5
	COL PCT	100.0	85.0	
	TOT PCT	3.4	82.1	
2.	COUNT	0	17	17
	ROW PCT	0	100.0	14.5
	COL PCT	0	15.0	
	TOT PCT	0	14.5	
COLUMN TOTAL		4	113	117
		3.4	96.6	100.0

CORRECTED CHI SQ = .01374 1 D.F., SIG. = .9067
RAW CHI SQ = .70407 1 D.F., SIG. = .4014

MISSING OBSERVATIONS - 6

OCCUPATION

COUNT / ROW PCT / COL PCT / TOT PCT	1.	2.	3.	4.	5.	ROW TOTAL
1.	4 3.9 80.0 3.3	33 32.0 80.5 26.8	14 13.6 87.5 11.4	0 0 0 0	6 5.8 85.7 4.9	103 83.7
2.	1 5.0 20.0 .8	8 40.0 19.5 6.5	2 10.0 12.5 1.6	2 10.0 100.0 1.6	1 5.0 14.3 .8	20 16.3
COLUMN TOTAL	5 4.1	41 33.3	16 13.0	2 1.6	7 5.7	123 100.0

OCCUPATION

COUNT / ROW PCT / COL PCT / TOT PCT	6.	7.	8.	9.	ROW TOTAL
1.	1 1.0 100.0 .8	14 13.6 82.4 11.4	12 11.7 100.0 9.8	19 18.4 86.4 15.4	103 83.7
2.	0 0 0 0	3 15.0 17.6 2.4	0 0 0 0	3 15.0 13.6 2.4	20 16.3
COLUMN TOTAL	1 .8	17 13.8	12 9.8	22 17.9	123 100.0

RAW CHI SQ = 13.51551 WITH 8 D.F., SIG. = .0953

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3.3.14

MANN WHITNEY U TEST

SERIOUS EVENTS

GROUP = 1.		GROUP = 2.	
MEAN RANK	NUMBER	MEAN RANK	NUMBER
60.19	102	62.28	18

		CORRECTED FOR TIES	
U	W	Z	2-TAILED P
886.0	1121.0	-.2354	.8139

LIFE EVENTS

GROUP = 1.		GROUP = 2.	
MEAN RANK	NUMBER	MEAN RANK	NUMBER
60.66	102	59.61	18

		CORRECTED FOR TIES	
U	W	Z	2-TAILED P
902.0	1073.0	.1176	.9064

ZUNG DEPRESSION SCORE

GROUP = 1.		GROUP = 2.	
MEAN RANK	NUMBER	MEAN RANK	NUMBER
48.86	61	46.53	15

		CORRECTED FOR TIES	
U	W	Z	2-TAILED P
578.0	698.0	.2979	.7658

SPIELBERGER TRAIT SCORE

GROUP = 1.		GROUP = 2.	
MEAN RANK	NUMBER	MEAN RANK	NUMBER
55.95	91	46.76	17

		CORRECTED FOR TIES	
U	W	Z	2-TAILED P
642.0	795.0	1.1104	.2668

SPIELBERGER STATE SCORE

GROUP = 1.		GROUP = 2.	
MEAN RANK	NUMBER	MEAN RANK	NUMBER
56.58	92	46.44	17

		CORRECTED FOR TIES	
U	W	Z	2-TAILED P
636.5	789.5	1.2164	.2238

WHITELEY INDEX

GROUP	=	1.	GROUP	=	2.
MEAN RANK	NUMBER		MEAN RANK	NUMBER	
60.88	103		67.77	20	

		CORRECTED FOR TIES	
U	W	Z	2-TAILED P
914.5	1355.5	-.7991	.4242

DISCRIMINANT FUNCTION

GROUP	=	1.	GROUP	=	2.
MEAN RANK	NUMBER		MEAN RANK	NUMBER	
58.40	103		80.52	20	

		CORRECTED FOR TIES	
U	W	Z	2-TAILED P
659.5	1610.5	-2.5396	.0111

DISEASE AFFIRMATION

GROUP	=	1.	GROUP	=	2.
MEAN RANK	NUMBER		MEAN RANK	NUMBER	
58.70	103		78.97	20	

		CORRECTED FOR TIES	
U	W	Z	2-TAILED P
690.5	1579.5	-2.3529	.0186

AFFECTIVE STATE

GROUP	=	1.	GROUP	=	2.
MEAN RANK	NUMBER		MEAN RANK	NUMBER	
61.98	103		62.13	20	

		CORRECTED FOR TIES	
U	W	Z	2-TAILED P
1027.5	1242.5	-.0172	.9863

GENERAL HYPOCHONDRIASIS

GROUP	=	1.	GROUP	=	2.
MEAN RANK	NUMBER		MEAN RANK	NUMBER	
63.02	103		56.72	20	

		CORRECTED FOR TIES	
U	W	Z	2-TAILED P
924.5	1134.5	.7529	.4515

DISEASE CONVICTION

GROUP	= 1.	GROUP	= 2.
MEAN RANK	NUMBER	MEAN RANK	NUMBER
59.23	103	76.27	20

		CORRECTED FOR TIES	
U	W	Z	2-TAILED P
744.5	1525.5	-1.9995	.0456

PSYCHOLOGICAL V SOMATIC FOCUSING

GROUP	= 1.	GROUP	= 2.
MEAN RANK	NUMBER	MEAN RANK	NUMBER
64.59	103	48.65	20

		CORRECTED FOR TIES	
U	W	Z	2-TAILED P
763.0	973.0	1.9469	.0515

AFFECTIVE INHIBITION

GROUP	= 1.	GROUP	= 2.
MEAN RANK	NUMBER	MEAN RANK	NUMBER
62.91	103	57.32	20

		CORRECTED FOR TIES	
U	W	Z	2-TAILED P
936.5	1146.5	.6522	.5143

AFFECTIVE DISTURBANCE

GROUP	= 1.	GROUP	= 2.
MEAN RANK	NUMBER	MEAN RANK	NUMBER
61.27	103	65.77	20

		CORRECTED FOR TIES	
U	W	Z	2-TAILED P
954.5	1315.5	-.5271	.5981

DENIAL

GROUP	= 1.	GROUP	= 2.
MEAN RANK	NUMBER	MEAN RANK	NUMBER
61.10	103	66.65	20

		CORRECTED FOR TIES	
U	W	Z	2-TAILED P
937.0	1333.0	-.6508	.5152

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          IRRITABILITY

GROUP           =             1.       GROUP          =          2.
MEAN RANK          NUMBER          MEAN RANK          NUMBER
    61.98             103              62.13              20

                                        CORRECTED FOR TIES
      U                W                   Z         2-TAILED P
   1027.5           1242.5              -.0175          .9861
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APPENDIX V

PART B

SECTION 3

(Pages B.3.18 to B.3.34).

2. This section describes statistical analysis between two groups who were either private or public, male or female patients and who suffered from either :

(a) A.F.P. (Group 1), or
(b) dental pain (i.e. controls) (Group 2).

T TEST

VARIABLE	NUMBER OF CASES	MEAN	STANDARD DEVIATION	STANDARD ERROR
AGE				
GROUP 1	20	46.6500	16.703	3.735
GROUP 2	53	38.9811	17.037	2.340

		POOLED VARIANCE ESTIMATE			SEPARATE VARIANCE ESTIMATE		
F VALUE	2-TAIL PROB.	T VALUE	DEGREES OF FREEDOM	2-TAIL PROB.	T VALUE	DEGREES OF FREEDOM	2-TAIL PROB.
1.04	.965	1.77	71	.081	1.79	34.88	.083

VARIABLE	NUMBER OF CASES	MEAN	STANDARD DEVIATION	STANDARD ERROR
ANAMNESTIC INDEX				
GROUP 1	20	1.6000	.821	.184
GROUP 2	53	.7170	.968	.133

		POOLED VARIANCE ESTIMATE			SEPARATE VARIANCE ESTIMATE		
F VALUE	2-TAIL PROB.	T VALUE	DEGREES OF FREEDOM	2-TAIL PROB.	T VALUE	DEGREES OF FREEDOM	2-TAIL PROB.
1.39	.434	3.61	71	.001	3.90	40.15	.000

VARIABLE	NUMBER OF CASES	MEAN	STANDARD DEVIATION	STANDARD ERROR
CLINICAL INDEX				
GROUP 1	20	.8500	.745	.167
GROUP 2	46	.5435	.504	.074

		POOLED VARIANCE ESTIMATE			SEPARATE VARIANCE ESTIMATE		
F VALUE	2-TAIL PROB.	T VALUE	DEGREES OF FREEDOM	2-TAIL PROB.	T VALUE	DEGREES OF FREEDOM	2-TAIL PROB.
2.19	.032	1.95	64	.055	1.68	26.85	.104

VARIABLE	NUMBER OF CASES	MEAN	STANDARD DEVIATION	STANDARD ERROR
MUSCLE INDEX				
GROUP 1	20	.8500	.813	.182
GROUP 2	46	.2826	.455	.067

		POOLED VARIANCE ESTIMATE			SEPARATE VARIANCE ESTIMATE		
F VALUE	2-TAIL PROB.	T VALUE	DEGREES OF FREEDOM	2-TAIL PROB.	T VALUE	DEGREES OF FREEDOM	2-TAIL PROB.
3.19	.001	3.62	64	.001	2.93	24.35	.007

VARIABLE	NUMBER OF CASES	MEAN	STANDARD DEVIATION	STANDARD ERROR
TMJ INDEX				
GROUP 1	20	.6000	.821	.184
GROUP 2	46	.3696	.532	.078

		POOLED VARIANCE ESTIMATE			SEPARATE VARIANCE ESTIMATE		
F VALUE	2-TAIL PROB.	T VALUE	DEGREES OF FREEDOM	2-TAIL PROB.	T VALUE	DEGREES OF FREEDOM	2-TAIL PROB.
2.38	.017	1.36	64	.178	1.15	26.19	.259

VARIABLE	NUMBER OF CASES	MEAN	STANDARD DEVIATION	STANDARD ERROR
PAIN DURATION				
GROUP 1	9	20.0000	14.765	4.922
GROUP 2	9	3.8889	4.045	1.348

		POOLED VARIANCE ESTIMATE			SEPARATE VARIANCE ESTIMATE		
F VALUE	2-TAIL PROB.	T VALUE	DEGREES OF FREEDOM	2-TAIL PROB.	T VALUE	DEGREES OF FREEDOM	2-TAIL PROB.
13.32	.001	3.16	16	.006	3.16	9.19	.012

VARIABLE	NUMBER OF CASES	MEAN	STANDARD DEVIATION	STANDARD ERROR
NUMBER OF NATURAL TEETH				
GROUP 1	17	16.1176	12.742	3.090
GROUP 2	47	22.7234	7.503	1.094

		POOLED VARIANCE ESTIMATE			SEPARATE VARIANCE ESTIMATE		
F VALUE	2-TAIL PROB.	T VALUE	DEGREES OF FREEDOM	2-TAIL PROB.	T VALUE	DEGREES OF FREEDOM	2-TAIL PROB.
2.88	.005	-2.55	62	.013	-2.01	20.15	.058

VARIABLE	NUMBER OF CASES	MEAN	STANDARD DEVIATION	STANDARD ERROR
TEETH INDEX				
GROUP 1	17	1.2941	.920	.223
GROUP 2	47	1.7447	.441	.064

		POOLED VARIANCE ESTIMATE			SEPARATE VARIANCE ESTIMATE		
F VALUE	2-TAIL PROB.	T VALUE	DEGREES OF FREEDOM	2-TAIL PROB.	T VALUE	DEGREES OF FREEDOM	2-TAIL PROB.
4.35	.000	-2.64	62	.010	-1.94	18.72	.067

VARIABLE	NUMBER OF CASES	MEAN	STANDARD DEVIATION	STANDARD ERROR
CONTACTS				
GROUP 1	16	25.7500	4.906	1.226
GROUP 2	47	22.1489	8.222	1.199

		POOLED VARIANCE ESTIMATE			SEPARATE VARIANCE ESTIMATE		
F VALUE	2-TAIL PROB.	T VALUE	DEGREES OF FREEDOM	2-TAIL PROB.	T VALUE	DEGREES OF FREEDOM	2-TAIL PROB.
2.81	.032	1.65	61	.104	2.10	44.22	.042

VARIABLE	NUMBER OF CASES	MEAN	STANDARD DEVIATION	STANDARD ERROR
GENERAL HYPOCHONDRIASIS				
GROUP 1	20	1.1500	1.387	.310
GROUP 2	53	1.2075	1.725	.237

		POOLED VARIANCE ESTIMATE			SEPARATE VARIANCE ESTIMATE		
F VALUE	2-TAIL PROB.	T VALUE	DEGREES OF FREEDOM	2-TAIL PROB.	T VALUE	DEGREES OF FREEDOM	2-TAIL PROB.
1.55	.297	-.13	71	.894	-.15	42.38	.883

VARIABLE	NUMBER OF CASES	MEAN	STANDARD DEVIATION	STANDARD ERROR
DISEASE CONVICTION				
GROUP 1	20	2.9500	1.905	.426
GROUP 2	53	1.2075	1.150	.158

		POOLED VARIANCE ESTIMATE			SEPARATE VARIANCE ESTIMATE		
F VALUE	2-TAIL PROB.	T VALUE	DEGREES OF FREEDOM	2-TAIL PROB.	T VALUE	DEGREES OF FREEDOM	2-TAIL PROB.
2.75	.004	4.77	71	.000	3.84	24.41	.001

VARIABLE	NUMBER OF CASES	MEAN	STANDARD DEVIATION	STANDARD ERROR
PSYCHOLOGICAL V SOMATIC FOCUSING				
GROUP 1	20	1.1500	.988	.221
GROUP 2	53	2.0377	.678	.093

		POOLED VARIANCE ESTIMATE			SEPARATE VARIANCE ESTIMATE		
F VALUE	2-TAIL PROB.	T VALUE	DEGREES OF FREEDOM	2-TAIL PROB.	T VALUE	DEGREES OF FREEDOM	2-TAIL PROB.
2.12	.033	-4.37	71	.000	-3.70	26.06	.001

VARIABLE	NUMBER OF CASES	MEAN	STANDARD DEVIATION	STANDARD ERROR
AFFECTIVE INHIBITION				
GROUP 1	20	2.1000	1.294	.289
GROUP 2	53	2.2642	1.677	.230

		POOLED VARIANCE ESTIMATE			SEPARATE VARIANCE ESTIMATE		
F VALUE	2-TAIL PROB.	T VALUE	DEGREES OF FREEDOM	2-TAIL PROB.	T VALUE	DEGREES OF FREEDOM	2-TAIL PROB.
1.68	.214	-.39	71	.694	-.44	44.25	.659

VARIABLE	NUMBER OF CASES	MEAN	STANDARD DEVIATION	STANDARD ERROR
AFFECTIVE DISTURBANCE				
GROUP 1	20	2.5500	1.731	.387
GROUP 2	53	1.6038	1.573	.216

		POOLED VARIANCE ESTIMATE			SEPARATE VARIANCE ESTIMATE		
F VALUE	2-TAIL PROB.	T VALUE	DEGREES OF FREEDOM	2-TAIL PROB.	T VALUE	DEGREES OF FREEDOM	2-TAIL PROB.
1.21	.570	2.23	71	.029	2.13	31.56	.041

VARIABLE	NUMBER OF CASES	MEAN	STANDARD DEVIATION	STANDARD ERROR
DENIAL				
GROUP 1	20	3.3500	1.631	.365
GROUP 2	53	2.6792	1.673	.230

		POOLED VARIANCE ESTIMATE			SEPARATE VARIANCE ESTIMATE		
F VALUE	2-TAIL PROB.	T VALUE	DEGREES OF FREEDOM	2-TAIL PROB.	T VALUE	DEGREES OF FREEDOM	2-TAIL PROB.
1.05	.942	1.54	71	.128	1.56	35.06	.129

VARIABLE	NUMBER OF CASES	MEAN	STANDARD DEVIATION	STANDARD ERROR
IRRITABILITY				
GROUP 1	20	2.0500	1.761	.394
GROUP 2	53	1.7925	1.536	.211

		POOLED VARIANCE ESTIMATE			SEPARATE VARIANCE ESTIMATE		
F VALUE	2-TAIL PROB.	T VALUE	DEGREES OF FREEDOM	2-TAIL PROB.	T VALUE	DEGREES OF FREEDOM	2-TAIL PROB.
1.31	.430	.61	71	.541	.58	30.55	.569

VARIABLE	NUMBER OF CASES	MEAN	STANDARD DEVIATION	STANDARD ERROR
AFFECTIVE STATE				
GROUP 1	20	5.7500	3.259	.729
GROUP 2	53	4.6038	3.934	.540

		POOLED VARIANCE ESTIMATE			SEPARATE VARIANCE ESTIMATE		
F VALUE	2-TAIL PROB.	T VALUE	DEGREES OF FREEDOM	2-TAIL PROB.	T VALUE	DEGREES OF FREEDOM	2-TAIL PROB.
1.46	.370	1.16	71	.250	1.26	41.10	.214

VARIABLE	NUMBER OF CASES	MEAN	STANDARD DEVIATION	STANDARD ERROR
DISEASE AFFIRMATION				
GROUP 1	20	6.8000	2.628	.588
GROUP 2	53	4.1698	1.355	.186

		POOLED VARIANCE ESTIMATE			SEPARATE VARIANCE ESTIMATE		
F VALUE	2-TAIL PROB.	T VALUE	DEGREES OF FREEDOM	2-TAIL PROB.	T VALUE	DEGREES OF FREEDOM	2-TAIL PROB.
3.76	.000	5.61	71	.000	4.27	22.92	.000

VARIABLE	NUMBER OF CASES	MEAN	STANDARD DEVIATION	STANDARD ERROR
DISCRIMINANT FUNCTION				
GROUP 1	20	65.6650	18.504	4.138
GROUP 2	53	44.9698	10.663	1.465

		POOLED VARIANCE ESTIMATE			SEPARATE VARIANCE ESTIMATE		
F VALUE	2-TAIL PROB.	T VALUE	DEGREES OF FREEDOM	2-TAIL PROB.	T VALUE	DEGREES OF FREEDOM	2-TAIL PROB.
3.01	.002	5.96	71	.000	4.71	23.92	.000

VARIABLE	NUMBER OF CASES	MEAN	STANDARD DEVIATION	STANDARD ERROR
WHITELEY INDEX				
GROUP 1	20	3.8500	2.943	.658
GROUP 2	53	2.2453	2.047	.281

		POOLED VARIANCE ESTIMATE			SEPARATE VARIANCE ESTIMATE		
F VALUE	2-TAIL PROB.	T VALUE	DEGREES OF FREEDOM	2-TAIL PROB.	T VALUE	DEGREES OF FREEDOM	2-TAIL PROB.
2.07	.040	2.64	71	.010	2.24	26.25	.034

VARIABLE	NUMBER OF CASES	MEAN	STANDARD DEVIATION	STANDARD ERROR
SPIELBERGER STATE SCORE				
GROUP 1	17	35.7059	11.368	2.757
GROUP 2	48	39.0000	12.634	1.824

		POOLED VARIANCE ESTIMATE			SEPARATE VARIANCE ESTIMATE		
F VALUE	2-TAIL PROB.	T VALUE	DEGREES OF FREEDOM	2-TAIL PROB.	T VALUE	DEGREES OF FREEDOM	2-TAIL PROB.
1.24	.664	-.95	63	.347	-1.00	31.04	.327

VARIABLE	NUMBER OF CASES	MEAN	STANDARD DEVIATION	STANDARD ERROR
SPIELBERGER TRAIT SCORE				
GROUP 1	17	36.5882	9.023	2.190
GROUP 2	46	38.6522	10.242	1.510

		POOLED VARIANCE ESTIMATE			SEPARATE VARIANCE ESTIMATE		
F VALUE	2-TAIL PROB.	T VALUE	DEGREES OF FREEDOM	2-TAIL PROB.	T VALUE	DEGREES OF FREEDOM	2-TAIL PROB.
1.29	.597	-.73	61	.467	-.78	32.25	.443

VARIABLE	NUMBER OF CASES	MEAN	STANDARD DEVIATION	STANDARD ERROR
ZUNG DEPRESSION SCORE				
GROUP 1	15	36.9333	10.103	2.609
GROUP 2	43	35.9302	10.981	1.675

		POOLED VARIANCE ESTIMATE			SEPARATE VARIANCE ESTIMATE		
F VALUE	2-TAIL PROB.	T VALUE	DEGREES OF FREEDOM	2-TAIL PROB.	T VALUE	DEGREES OF FREEDOM	2-TAIL PROB.
1.18	.764	.31	56	.757	.32	26.42	.749

VARIABLE	NUMBER OF CASES	MEAN	STANDARD DEVIATION	STANDARD ERROR
LIFE EVENTS				
GROUP 1	18	400.7222	358.723	84.552
GROUP 2	53	345.9057	268.133	36.831

		POOLED VARIANCE ESTIMATE			SEPARATE VARIANCE ESTIMATE		
F VALUE	2-TAIL PROB.	T VALUE	DEGREES OF FREEDOM	2-TAIL PROB.	T VALUE	DEGREES OF FREEDOM	2-TAIL PROB.
1.79	.111	.69	69	.495	.59	23.78	.558

VARIABLE	NUMBER OF CASES	MEAN	STANDARD DEVIATION	STANDARD ERROR
SERIOUS EVENTS				
GROUP 1	18	306.7222	280.338	66.076
GROUP 2	53	241.1509	216.307	29.731

		POOLED VARIANCE ESTIMATE			SEPARATE VARIANCE ESTIMATE		
F VALUE	2-TAIL PROB.	T VALUE	DEGREES OF FREEDOM	2-TAIL PROB.	T VALUE	DEGREES OF FREEDOM	2-TAIL PROB.
1.67	.159	1.03	69	.308	.90	24.25	.375

CHI SQUARE TEST

SEXUAL PROBLEMS

COUNT / ROW PCT / COL PCT / TOT PCT	7.	8.	ROW TOTAL
1.	15	3	18
	83.3	16.7	25.4
	25.4	25.0	
	21.1	4.2	
2.	44	9	53
	83.0	17.0	74.6
	74.6	75.0	
	62.0	12.7	
COLUMN TOTAL	59	12	71
	83.1	16.9	100.0

CORRECTED CHI SQ = 0 1 D.F., SIG. = 1.0000
RAW CHI SQ = .00095 1 D.F., SIG. = .9755

MISSING OBSERVATIONS - 2

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RADIOGRAPHIC INDEX

COUNT / ROW PCT / COL PCT / TOT PCT	0	1.	2.	ROW TOTAL
1.	1	2	2	5
	20.0	40.0	40.0	15.2
	11.1	28.6	11.8	
	3.0	6.1	6.1	
2.	8	5	15	28
	28.6	17.9	53.6	84.8
	88.9	71.4	88.2	
	24.2	15.2	45.5	
COLUMN TOTAL	9	7	17	33
	27.3	21.2	51.5	100.0

RAW CHI SQ = 1.24658 WITH 2 D.F., SIG. = .5362

MISSING OBSERVATIONS - 40

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MUSCLE INDEX

COUNT / ROW PCT / COL PCT / TOT PCT	0	1.	2.	ROW TOTAL
1.	8	7	5	20
	40.0	35.0	25.0	30.3
	19.5	35.0	100.0	
	12.1	10.6	7.6	
2.	33	13	0	46
	71.7	28.3	0	69.7
	80.5	65.0	0	
	50.0	19.7	0	
COLUMN TOTAL	41	20	5	66
	62.1	30.3	7.6	100.0

RAW CHI SQ = 13.96936 WITH 2 D.F., SIG. = .0009

MISSING OBSERVATIONS - 7

TMJ INDEX

COUNT / ROW PCT / COL PCT / TOT PCT	0	1.	2.	ROW TOTAL
1.	12 60.0 28.6 18.2	4 20.0 21.1 6.1	4 20.0 80.0 6.1	20 30.3
2.	30 65.2 71.4 45.5	15 32.6 78.9 22.7	1 2.2 20.0 1.5	46 69.7
COLUMN TOTAL	42 63.6	19 28.8	5 7.6	66 100.0

RAW CHI SQ = 6.67638 WITH 2 D.F., SIG. = .0355

MISSING OBSERVATIONS - 7

- -

TEETH INDEX

COUNT / ROW PCT / COL PCT / TOT PCT	0	1.	2.	ROW TOTAL
1.	5 29.4 100.0 7.8	2 11.8 14.3 3.1	10 58.8 22.2 15.6	17 26.6
2.	0 0 0 0	12 25.5 85.7 18.8	35 74.5 77.8 54.7	47 73.4
COLUMN TOTAL	5 7.8	14 21.9	45 70.3	64 100.0

RAW CHI SQ = 15.33981 WITH 2 D.F., SIG. = .0005

MISSING OBSERVATIONS - 9

- -

CLINICAL INDEX

COUNT / ROW PCT / COL PCT / TOT PCT	0	1.	2.	ROW TOTAL
1.	7 35.0 25.0 10.6	9 45.0 26.5 13.6	4 20.0 100.0 6.1	20 30.3
2.	21 45.7 75.0 31.8	25 54.3 73.5 37.9	0 0 0 0	46 69.7
COLUMN TOTAL	28 42.4	34 51.5	4 6.1	66 100.0

RAW CHI SQ = 9.80927 WITH 2 D.F., SIG. = .0074

MISSING OBSERVATIONS - 7

TMJ INDEX

COUNT ROW PCT COL PCT TOT PCT	0	1.	2.	ROW TOTAL
1.	12 60.0 28.6 18.2	4 20.0 21.1 6.1	4 20.0 80.0 6.1	20 30.3
2.	30 65.2 71.4 45.5	15 32.6 78.9 22.7	1 2.2 20.0 1.5	46 69.7
COLUMN TOTAL	42 63.6	19 28.8	5 7.6	66 100.0

RAW CHI SQ = 6.67638 WITH 2 D.F., SIG. = .0355

MISSING OBSERVATIONS - 7

- -

TEETH INDEX

COUNT ROW PCT COL PCT TOT PCT	0	1.	2.	ROW TOTAL
1.	5 29.4 100.0 7.8	2 11.8 14.3 3.1	10 58.8 22.2 15.6	17 26.6
2.	0 0 0 0	12 25.5 85.7 18.8	35 74.5 77.8 54.7	47 73.4
COLUMN TOTAL	5 7.8	14 21.9	45 70.3	64 100.0

RAW CHI SQ = 15.33981 WITH 2 D.F., SIG. = .0005

MISSING OBSERVATIONS - 9

- -

CLINICAL INDEX

COUNT ROW PCT COL PCT TOT PCT	0	1.	2.	ROW TOTAL
1.	7 35.0 25.0 10.6	9 45.0 26.5 13.6	4 20.0 100.0 6.1	20 30.3
2.	21 45.7 75.0 31.8	25 54.3 73.5 37.9	0 0 0 0	46 69.7
COLUMN TOTAL	28 42.4	34 51.5	4 6.1	66 100.0

RAW CHI SQ = 9.80927 WITH 2 D.F., SIG. = .0074

MISSING OBSERVATIONS - 7

ANAMNESTIC INDEX

COUNT / ROW PCT / COL PCT / TOT PCT	0	2.	ROW TOTAL
1.	4	16	20
	20.0	80.0	27.4
	10.5	45.7	
	5.5	21.9	
2.	34	19	53
	64.2	35.8	72.6
	39.5	54.3	
	46.6	26.0	
COLUMN TOTAL	38	35	73
	52.1	47.9	100.0

CORRECTED CHI SQ = 9.64111 1 D.F., SIG. = .0019
RAW CHI SQ = 11.34115 1 D.F., SIG. = .0008

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COUNTRY

COUNT / ROW PCT / COL PCT / TOT PCT	1.	2.	3.	4.	6.	ROW TOTAL
1.	12	7	1	0	0	20
	60.0	35.0	5.0	0	0	27.4
	24.5	58.3	50.0	0	0	
	16.4	9.6	1.4	0	0	
2.	37	5	1	1	9	53
	69.8	9.4	1.9	1.9	17.0	72.6
	75.5	41.7	50.0	100.0	100.0	
	50.7	6.8	1.4	1.4	12.3	
COLUMN TOTAL	49	12	2	1	9	73
	67.1	16.4	2.7	1.4	12.3	100.0

RAW CHI SQ = 10.26917 WITH 4 D.F., SIG. = .0361

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TOTAL TEETH INDEX

COUNT / ROW PCT / COL PCT / TOT PCT	1.	2.	ROW TOTAL
1.	0	17	17
	0	100.0	26.6
	0	28.8	
	0	26.6	
2.	5	42	47
	10.6	89.4	73.4
	100.0	71.2	
	7.8	65.6	
COLUMN TOTAL	5	59	64
	7.8	92.2	100.0

CORRECTED CHI SQ = .76272 1 D.F., SIG. = .3825
RAW CHI SQ = 1.96177 1 D.F., SIG. = .1613

MISSING OBSERVATIONS - 9

OCCUPATION

COUNT / ROW PCT / COL PCT / TOT PCT	1.	2.	3.	4.	5.	ROW TOTAL
1.	1 5.0 25.0 1.4	8 40.0 36.4 11.0	2 10.0 28.6 2.7	2 10.0 100.0 2.7	1 5.0 20.0 1.4	20 27.4
2.	3 5.7 75.0 4.1	14 26.4 63.6 19.2	5 9.4 71.4 6.8	0 0 0 0	4 7.5 80.0 5.5	53 72.6
COLUMN TOTAL	4 5.5	22 30.1	7 9.6	2 2.7	5 6.8	73 100.0

OCCUPATION

COUNT / ROW PCT / COL PCT / TOT PCT	6.	7.	8.	9.	ROW TOTAL
1.	0 0 0 0	3 15.0 37.5 4.1	0 0 0 0	3 15.0 27.3 4.1	20 27.4
2.	2 3.8 100.0 2.7	5 9.4 62.5 6.8	12 22.6 100.0 16.4	8 15.1 72.7 11.0	53 72.6
COLUMN TOTAL	2 2.7	8 11.0	12 16.4	11 15.1	73 100.0

RAW CHI SQ = 12.03675 WITH 8 D.F., SIG. = .1496

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MANN WHITNEY U TEST

SERIOUS EVENTS

GROUP	=	1.	GROUP	=	2.
MEAN RANK		NUMBER	MEAN RANK		NUMBER
39.53		18	34.78		53

U	W	CORRECTED FOR TIES Z	2-TAILED P
412.5	712.5	.8523	.3938

LIFE EVENTS

GROUP	=	1.	GROUP	=	2.
MEAN RANK		NUMBER	MEAN RANK		NUMBER
37.64		18	35.44		53

U	W	CORRECTED FOR TIES Z	2-TAILED P
447.5	677.5	.3900	.6966

ZUNG DEPRESSION SCORE

GROUP	=	1.	GROUP	=	2.
MEAN RANK		NUMBER	MEAN RANK		NUMBER
30.77		15	29.06		43

U	W	CORRECTED FOR TIES Z	2-TAILED P
303.5	461.5	.3379	.7355

SPIELBERGER TRAIT SCORE

GROUP	=	1.	GROUP	=	2.
MEAN RANK		NUMBER	MEAN RANK		NUMBER
29.82		17	32.80		46

U	W	CORRECTED FOR TIES Z	2-TAILED P
354.0	507.0	-.5735	.5663

SPIELBERGER STATE SCORE

GROUP	=	1.	GROUP	=	2.
MEAN RANK		NUMBER	MEAN RANK		NUMBER
28.85		17	34.47		48

U	W	CORRECTED FOR TIES Z	2-TAILED P
337.5	490.5	-1.0533	.2922

```
     WHITELEY INDEX

GROUP          =          1.      GROUP         =          2.
MEAN RANK           NUMBER      MEAN RANK          NUMBER
   46.27                20         33.50                53

                                    CORRECTED FOR TIES
     U                W                Z        2-TAILED P
   344.5            925.5           2.3339         .0196

------------------------------------------------------------------

       DISCRIMINANT FUNCTION

GROUP          =          1.      GROUP         =          2.
MEAN RANK           NUMBER      MEAN RANK          NUMBER
   55.07                20         30.18                53

                                    CORRECTED FOR TIES
     U                W                Z        2-TAILED P
   168.5           1101.5           4.4717         .0000

------------------------------------------------------------------

      DISEASE AFFIRMATION

GROUP          =          1.      GROUP         =          2.
MEAN RANK           NUMBER      MEAN RANK          NUMBER
   54.42                20         30.42                53

                                    CORRECTED FOR TIES
     U                W                Z        2-TAILED P
   181.5           1088.5           4.4182         .0000

------------------------------------------------------------------

      AFFECTIVE STATE

GROUP          =          1.      GROUP         =          2.
MEAN RANK           NUMBER      MEAN RANK          NUMBER
   43.92                20         34.39                53

                                    CORRECTED FOR TIES
     U                W                Z        2-TAILED P
   391.5            378.5           1.7239         .0847

------------------------------------------------------------------

        GENERAL HYPOCHONDRIASIS

GROUP          =          1.      GROUP         =          2.
MEAN RANK           NUMBER      MEAN RANK          NUMBER
   38.35                20         36.49                53

                                    CORRECTED FOR TIES
     U                W                Z        2-TAILED P
   503.0            767.0            .3565         .7215

------------------------------------------------------------------
```

DISEASE CONVICTION

```
GROUP          =            1.     GROUP          =          2.
MEAN RANK            NUMBER      MEAN RANK           NUMBER
   52.35                 20         31.21                53

                                     CORRECTED FOR TIES
    U                  W                Z        2-TAILED P
  223.0              1047.0          3.9422         .0001
```

PSYCHOLOGICAL V SOMATIC FOCUSING

```
GROUP          =            1.     GROUP          =          2.
MEAN RANK            NUMBER      MEAN RANK           NUMBER
   24.25                 20         41.81                53

                                     CORRECTED FOR TIES
    U                  W                Z        2-TAILED P
  275.0               485.0         -3.4740         .0005
```

AFFECTIVE INHIBITION

```
GROUP          =            1.     GROUP          =          2.
MEAN RANK            NUMBER      MEAN RANK           NUMBER
   36.02                 20         37.37                53

                                     CORRECTED FOR TIES
    U                  W                Z        2-TAILED P
  510.5               720.5          -.2461         .8056
```

AFFECTIVE DISTURBANCE

```
GROUP          =            1.     GROUP          =          2.
MEAN RANK            NUMBER      MEAN RANK           NUMBER
   45.10                 20         33.94                53

                                     CORRECTED FOR TIES
    U                  W                Z        2-TAILED P
  368.0               902.0          2.0552         .0399
```

DENIAL

```
GROUP          =            1.     GROUP          =          2.
MEAN RANK            NUMBER      MEAN RANK           NUMBER
   43.32                 20         34.61                53

                                     CORRECTED FOR TIES
    U                  W                Z        2-TAILED P
  403.5               866.5          1.5909         .1116
```

IRRITABILITY

```
GROUP          =          1.     GROUP          =          2.
MEAN RANK          NUMBER        MEAN RANK          NUMBER
    38.95              20            36.26              53

                                   CORRECTED FOR TIES
    U                  W              Z          2-TAILED P
  491.0              779.0          .4929          .6221
```

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APPENDIX V

PART B

SECTION 4

This section describes statistical analysis between groups associated with various categories of pain or different indices.

These groups were:

1. All patients who suffered from TMJ Dysfunction in this study (male or female, private or public) who suffered from either:

   (a) Acute pain (i.e. less than 6 months duration) (Group 1), or
   (b) Chronic pain (i.e. more than 6 months duration) (Group 2).

2. All patients who suffered from TMJ Dysfunction in the study, (male or female, public or private) who had either:

   (a) Mild pain (i.e. rated by clinician, Question 163, 164; Form B, Appendix I) (Group 1), or
   (b) Severe pain (i.e. rated by clinician, Question 163, 164; Form B, Appendix I) (Group 2)

3. All patients who suffered from TMJ Dysfunction in the study (male or female, public or private) who categorised themselves as either:

   (a) Cured (i.e. answers to Question 2 in Survey Form E (Appendix I) were "better" or "completely better" (Group 1),
   or (b) Not Cured (i.e. answers to Question 2 in Survey Form E (Appendix I) were "same" or "worse"). (Group 2).

.........continued

4. All patients in the study (male, female, private or public) who had TMJ Dysfunction and who had either:

(a) Muscle Index of 0 or I (Group 1), or

(b) Muscle Index of II (Group 2).

5. All patients in the study (male or female, public or private) who had TMJ Dysfunction and who had either:

(a) TMJ Index of 0 or I (Group 1), or

(b) TMJ Index of II (Group 2).

6. All patients in the study (male or female, public or private) who suffered from TMJ Dysfunction and who had either:

(a) Muscle Index of II (Group 1), or

(b) TMJ Index of II. (Group 2).

APPENDIX V

PART B

SECTION 4

(Pages B.4.1. to B.4.18).

1. This section describes statistical analysis between the two groups who were made up of all the patients in the study (male or female, public ot private) and who suffered from TMJ Dysfunction. They were patients who suffered from either:

(a) Acute pain (Group 1), or
(b) Chronic pain (Group 2).

T TEST

VARIABLE	NUMBER OF CASES	MEAN	STANDARD DEVIATION	STANDARD ERROR
AGE				
GROUP 1	42	37.2143	17.397	2.762
GROUP 2	61	42.4098	20.793	2.662

F VALUE	2-TAIL PROB.	POOLED VARIANCE ESTIMATE T VALUE	DEGREES OF FREEDOM	2-TAIL PROB.	SEPARATE VARIANCE ESTIMATE T VALUE	DEGREES OF FREEDOM	2-TAIL PROB.
1.35	.312	-1.32	101	.191	-1.35	95.97	.179

VARIABLE	NUMBER OF CASES	MEAN	STANDARD DEVIATION	STANDARD ERROR
ANAMNESTIC INDEX				
GROUP 1	42	1.9048	.431	.067
GROUP 2	61	2.0000	0	0

F VALUE	2-TAIL PROB.	POOLED VARIANCE ESTIMATE T VALUE	DEGREES OF FREEDOM	2-TAIL PROB.	SEPARATE VARIANCE ESTIMATE T VALUE	DEGREES OF FREEDOM	2-TAIL PROB.
0	1.000	-1.73	101	.087	-1.43	41.00	.160

VARIABLE	NUMBER OF CASES	MEAN	STANDARD DEVIATION	STANDARD ERROR
CLINICAL INDEX				
GROUP 1	42	1.4524	.550	.085
GROUP 2	61	1.3770	.489	.063

F VALUE	2-TAIL PROB.	POOLED VARIANCE ESTIMATE T VALUE	DEGREES OF FREEDOM	2-TAIL PROB.	SEPARATE VARIANCE ESTIMATE T VALUE	DEGREES OF FREEDOM	2-TAIL PROB.
1.27	.398	.73	101	.467	.71	81.27	.477

VARIABLE	NUMBER OF CASES	MEAN	STANDARD DEVIATION	STANDARD ERROR
MUSCLE INDEX				
GROUP 1	42	1.5476	.550	.085
GROUP 2	61	1.4262	.694	.089

		POOLED VARIANCE ESTIMATE			SEPARATE VARIANCE ESTIMATE		
F VALUE	2-TAIL PROB.	T VALUE	DEGREES OF FREEDOM	2-TAIL PROB.	T VALUE	DEGREES OF FREEDOM	2-TAIL PROB.
1.59	.117	.95	101	.346	.99	98.93	.326

VARIABLE	NUMBER OF CASES	MEAN	STANDARD DEVIATION	STANDARD ERROR
TMJ INDEX				
GROUP 1	42	1.5000	.672	.104
GROUP 2	61	1.4098	.588	.075

		POOLED VARIANCE ESTIMATE			SEPARATE VARIANCE ESTIMATE		
F VALUE	2-TAIL PROB.	T VALUE	DEGREES OF FREEDOM	2-TAIL PROB.	T VALUE	DEGREES OF FREEDOM	2-TAIL PROB.
1.30	.343	.72	101	.472	.70	80.40	.484

VARIABLE	NUMBER OF CASES	MEAN	STANDARD DEVIATION	STANDARD ERROR
PAIN DURATION				
GROUP 1	42	2.8810	1.941	.299
GROUP 2	40	24.7000	21.870	3.458

		POOLED VARIANCE ESTIMATE			SEPARATE VARIANCE ESTIMATE		
F VALUE	2-TAIL PROB.	T VALUE	DEGREES OF FREEDOM	2-TAIL PROB.	T VALUE	DEGREES OF FREEDOM	2-TAIL PROB.
127.01	.000	-6.44	80	.000	-6.29	39.58	.000

VARIABLE	NUMBER OF CASES	MEAN	STANDARD DEVIATION	STANDARD ERROR
NUMBER OF NATURAL TEETH				
GROUP 1	40	21.7250	10.092	1.596
GROUP 2	60	18.2000	11.757	1.518

		POOLED VARIANCE ESTIMATE			SEPARATE VARIANCE ESTIMATE		
F VALUE	2-TAIL PROB.	T VALUE	DEGREES OF FREEDOM	2-TAIL PROB.	T VALUE	DEGREES OF FREEDOM	2-TAIL PROB.
1.36	.313	1.55	98	.124	1.60	91.82	.113

VARIABLE	NUMBER OF CASES	MEAN	STANDARD DEVIATION	STANDARD ERROR
TEETH INDEX				
GROUP 1	40	1.6000	.744	.118
GROUP 2	60	1.3667	.843	.109

		POOLED VARIANCE ESTIMATE			SEPARATE VARIANCE ESTIMATE		
F VALUE	2-TAIL PROB.	T VALUE	DEGREES OF FREEDOM	2-TAIL PROB.	T VALUE	DEGREES OF FREEDOM	2-TAIL PROB.
1.28	.411	1.42	98	.159	1.46	90.49	.149

VARIABLE	NUMBER OF CASES	MEAN	STANDARD DEVIATION	STANDARD ERROR
CONTACTS				
GROUP 1	40	25.3250	4.838	.765
GROUP 2	60	23.9333	7.325	.946

		POOLED VARIANCE ESTIMATE			SEPARATE VARIANCE ESTIMATE		
F VALUE	2-TAIL PROB.	T VALUE	DEGREES OF FREEDOM	2-TAIL PROB.	T VALUE	DEGREES OF FREEDOM	2-TAIL PROB.
2.29	.007	1.06	98	.293	1.14	98.00	.255

VARIABLE	NUMBER OF CASES	MEAN	STANDARD DEVIATION	STANDARD ERROR
TREATMENT TIME				
GROUP 1	30	2.1000	1.398	.255
GROUP 2	52	1.9808	1.502	.208

		POOLED VARIANCE ESTIMATE			SEPARATE VARIANCE ESTIMATE		
F VALUE	2-TAIL PROB.	T VALUE	DEGREES OF FREEDOM	2-TAIL PROB.	T VALUE	DEGREES OF FREEDOM	2-TAIL PROB.
1.15	.691	.35	80	.724	.36	64.25	.719

VARIABLE	NUMBER OF CASES	MEAN	STANDARD DEVIATION	STANDARD ERROR
TIME ELAPSED				
GROUP 1	29	7.1724	2.361	.439
GROUP 2	52	8.4615	3.178	.441

		POOLED VARIANCE ESTIMATE			SEPARATE VARIANCE ESTIMATE		
F VALUE	2-TAIL PROB.	T VALUE	DEGREES OF FREEDOM	2-TAIL PROB.	T VALUE	DEGREES OF FREEDOM	2-TAIL PROB.
1.81	.093	-1.91	79	.060	-2.07	72.51	.042

VARIABLE	NUMBER OF CASES	MEAN	STANDARD DEVIATION	STANDARD ERROR
GENERAL HYPOCHONDRIASIS				
GROUP 1	42	1.5952	1.951	.301
GROUP 2	61	1.4098	1.542	.197

		POOLED VARIANCE ESTIMATE			SEPARATE VARIANCE ESTIMATE		
F VALUE	2-TAIL PROB.	T VALUE	DEGREES OF FREEDOM	2-TAIL PROB.	T VALUE	DEGREES OF FREEDOM	2-TAIL PROB.
1.60	.095	.54	101	.592	.51	74.45	.608

VARIABLE	NUMBER OF CASES	MEAN	STANDARD DEVIATION	STANDARD ERROR
DISEASE CONVICTION				
GROUP 1	42	2.0952	1.478	.228
GROUP 2	61	1.9508	1.543	.198

		POOLED VARIANCE ESTIMATE			SEPARATE VARIANCE ESTIMATE		
F VALUE	2-TAIL PROB.	T VALUE	DEGREES OF FREEDOM	2-TAIL PROB.	T VALUE	DEGREES OF FREEDOM	2-TAIL PROB.
1.09	.781	.47	101	.636	.43	90.70	.633

VARIABLE	NUMBER OF CASES	MEAN	STANDARD DEVIATION	STANDARD ERROR
PSYCHOLOGICAL V SOMATIC FOCUSING				
GROUP 1	42	1.8571	.843	.130
GROUP 2	61	1.5082	.942	.121

		POOLED VARIANCE ESTIMATE			SEPARATE VARIANCE ESTIMATE		
F VALUE	2-TAIL PROB.	T VALUE	DEGREES OF FREEDOM	2-TAIL PROB.	T VALUE	DEGREES OF FREEDOM	2-TAIL PROB.
1.25	.455	1.93	101	.057	1.97	94.21	.052

VARIABLE	NUMBER OF CASES	MEAN	STANDARD DEVIATION	STANDARD ERROR
AFFECTIVE INHIBITION				
GROUP 1	42	2.0952	1.428	.220
GROUP 2	61	2.5246	1.629	.209

		POOLED VARIANCE ESTIMATE			SEPARATE VARIANCE ESTIMATE		
F VALUE	2-TAIL PROB.	T VALUE	DEGREES OF FREEDOM	2-TAIL PROB.	T VALUE	DEGREES OF FREEDOM	2-TAIL PROB.
1.30	.375	-1.38	101	.170	-1.42	95.17	.160

VARIABLE	NUMBER OF CASES	MEAN	STANDARD DEVIATION	STANDARD ERROR
AFFECTIVE DISTURBANCE				
GROUP 1	42	2.1905	1.671	.258
GROUP 2	61	2.4590	1.587	.203

		POOLED VARIANCE ESTIMATE			SEPARATE VARIANCE ESTIMATE		
F VALUE	2-TAIL PROB.	T VALUE	DEGREES OF FREEDOM	2-TAIL PROB.	T VALUE	DEGREES OF FREEDOM	2-TAIL PROB.
1.11	.707	-.83	101	.411	-.82	85.27	.416

VARIABLE	NUMBER OF CASES	MEAN	STANDARD DEVIATION	STANDARD ERROR
DENIAL				
GROUP 1	42	2.7857	1.747	.270
GROUP 2	61	3.3443	1.482	.190

		POOLED VARIANCE ESTIMATE			SEPARATE VARIANCE ESTIMATE		
F VALUE	2-TAIL PROB.	T VALUE	DEGREES OF FREEDOM	2-TAIL PROB.	T VALUE	DEGREES OF FREEDOM	2-TAIL PROB.
1.39	.243	-1.75	101	.084	-1.69	78.53	.094

VARIABLE	NUMBER OF CASES	MEAN	STANDARD DEVIATION	STANDARD ERROR
IRRITABILITY				
GROUP 1	42	2.3095	1.522	.235
GROUP 2	61	1.8361	1.665	.213

		POOLED VARIANCE ESTIMATE			SEPARATE VARIANCE ESTIMATE		
F VALUE	2-TAIL PROB.	T VALUE	DEGREES OF FREEDOM	2-TAIL PROB.	T VALUE	DEGREES OF FREEDOM	2-TAIL PROB.
1.20	.547	1.47	101	.145	1.49	93.18	.139

VARIABLE	NUMBER OF CASES	MEAN	STANDARD DEVIATION	STANDARD ERROR
AFFECTIVE STATE				
GROUP 1	42	6.0952	3.567	.550
GROUP 2	61	5.7049	3.774	.483

		POOLED VARIANCE ESTIMATE			SEPARATE VARIANCE ESTIMATE		
F VALUE	2-TAIL PROB.	T VALUE	DEGREES OF FREEDOM	2-TAIL PROB.	T VALUE	DEGREES OF FREEDOM	2-TAIL PROB.
1.12	.709	.53	101	.599	.53	91.44	.595

VARIABLE	NUMBER OF CASES	MEAN	STANDARD DEVIATION	STANDARD ERROR
DISEASE AFFIRMATION				
GROUP 1	42	5.2381	1.936	.299
GROUP 2	61	5.4426	2.149	.275

		POOLED VARIANCE ESTIMATE			SEPARATE VARIANCE ESTIMATE		
F VALUE	2-TAIL PROB.	T VALUE	DEGREES OF FREEDOM	2-TAIL PROB.	T VALUE	DEGREES OF FREEDOM	2-TAIL PROB.
1.23	.483	-.49	101	.622	-.50	93.90	.616

VARIABLE	NUMBER OF CASES	MEAN	STANDARD DEVIATION	STANDARD ERROR
DISCRIMINANT FUNCTION				
GROUP 1	42	52.2286	14.614	2.255
GROUP 2	61	56.0475	16.379	2.097

		POOLED VARIANCE ESTIMATE			SEPARATE VARIANCE ESTIMATE		
F VALUE	2-TAIL PROB.	T VALUE	DEGREES OF FREEDOM	2-TAIL PROB.	T VALUE	DEGREES OF FREEDOM	2-TAIL PROB.
1.26	.443	-1.21	101	.228	-1.24	94.36	.218

VARIABLE	NUMBER OF CASES	MEAN	STANDARD DEVIATION	STANDARD ERROR
WHITELEY INDEX				
GROUP 1	42	3.0238	2.892	.446
GROUP 2	61	3.5246	2.919	.374

		POOLED VARIANCE ESTIMATE			SEPARATE VARIANCE ESTIMATE		
F VALUE	2-TAIL PROB.	T VALUE	DEGREES OF FREEDOM	2-TAIL PROB.	T VALUE	DEGREES OF FREEDOM	2-TAIL PROB.
1.02	.964	-.86	101	.392	-.86	88.82	.392

VARIABLE	NUMBER OF CASES	MEAN	STANDARD DEVIATION	STANDARD ERROR
SPIELBERGER STATE SCORE				
GROUP 1	39	39.4359	12.711	2.035
GROUP 2	53	38.3774	10.911	1.499

		POOLED VARIANCE ESTIMATE			SEPARATE VARIANCE ESTIMATE		
F VALUE	2-TAIL PROB.	T VALUE	DEGREES OF FREEDOM	2-TAIL PROB.	T VALUE	DEGREES OF FREEDOM	2-TAIL PROB.
1.36	.304	.43	90	.669	.42	74.40	.677

VARIABLE	NUMBER OF CASES	MEAN	STANDARD DEVIATION	STANDARD ERROR
SPIELBERGER TRAIT SCORE				
GROUP 1	38	39.3947	11.408	1.851
GROUP 2	53	40.0377	10.038	1.379

		POOLED VARIANCE ESTIMATE			SEPARATE VARIANCE ESTIMATE		
F VALUE	2-TAIL PROB.	T VALUE	DEGREES OF FREEDOM	2-TAIL PROB.	T VALUE	DEGREES OF FREEDOM	2-TAIL PROB.
1.29	.391	-.28	89	.777	-.28	73.39	.781

VARIABLE	NUMBER OF CASES	MEAN	STANDARD DEVIATION	STANDARD ERROR
ZUNG DEPRESSION SCORE				
GROUP 1	36	36.9722	10.180	1.697
GROUP 2	45	38.2000	9.147	1.364

		POOLED VARIANCE ESTIMATE			SEPARATE VARIANCE ESTIMATE		
F VALUE	2-TAIL PROB.	T VALUE	DEGREES OF FREEDOM	2-TAIL PROB.	T VALUE	DEGREES OF FREEDOM	2-TAIL PROB.
1.24	.495	-.57	79	.570	-.56	71.19	.574

VARIABLE	NUMBER OF CASES	MEAN	STANDARD DEVIATION	STANDARD ERROR
LIFE EVENTS				
GROUP 1	41	504.5366	370.544	57.869
GROUP 2	61	323.8689	269.778	34.542

		POOLED VARIANCE ESTIMATE			SEPARATE VARIANCE ESTIMATE		
F VALUE	2-TAIL PROB.	T VALUE	DEGREES OF FREEDOM	2-TAIL PROB.	T VALUE	DEGREES OF FREEDOM	2-TAIL PROB.
1.89	.025	2.85	100	.005	2.68	67.84	.009

VARIABLE	NUMBER OF CASES	MEAN	STANDARD DEVIATION	STANDARD ERROR
SERIOUS EVENTS				
GROUP 1	41	372.0000	297.925	46.528
GROUP 2	61	235.7213	222.687	28.512

		POOLED VARIANCE ESTIMATE			SEPARATE VARIANCE ESTIMATE		
F VALUE	2-TAIL PROB.	T VALUE	DEGREES OF FREEDOM	2-TAIL PROB.	T VALUE	DEGREES OF FREEDOM	2-TAIL PROB.
1.79	.040	2.64	100	.010	2.50	69.18	.015

T TEST

SEXUAL PROBLEMS

COUNT / ROW PCT / COL PCT / TOT PCT	7.	8.	ROW TOTAL
1.	22 53.7 29.7 21.6	19 46.3 67.9 18.6	41 40.2
2.	52 85.2 70.3 51.0	9 14.8 32.1 8.8	61 59.8
COLUMN TOTAL	74 72.5	28 27.5	102 100.0

CORRECTED CHI SQ = 10.74943 1 D.F., SIG. = .0010
RAW CHI SQ = 12.28431 1 D.F., SIG. = .0005

MISSING OBSERVATIONS - 1

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RADIOGRAPHIC INDEX

COUNT / ROW PCT / COL PCT / TOT PCT	0	1.	2.	ROW TOTAL
1.	5 25.0 38.5 9.1	2 10.0 25.0 3.6	13 65.0 38.2 23.6	20 36.4
2.	8 22.9 61.5 14.5	6 17.1 75.0 10.9	21 60.0 61.8 38.2	35 63.6
COLUMN TOTAL	13 23.6	8 14.5	34 61.8	55 100.0

RAW CHI SQ = .52262 WITH 2 D.F., SIG. = .7700

MISSING OBSERVATIONS - 48

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MUSCLE INDEX

COUNT / ROW PCT / COL PCT / TOT PCT	0	1.	2.	ROW TOTAL
1.	1 2.4 12.5 1.0	17 40.5 44.7 16.5	24 57.1 42.1 23.3	42 40.8
2.	7 11.5 87.5 6.8	21 34.4 55.3 20.4	33 54.1 57.9 32.0	61 59.2
COLUMN TOTAL	8 7.8	38 36.9	57 55.3	103 100.0

RAW CHI SQ = 2.93720 WITH 2 D.F., SIG. = .2302

TMJ INDEX

COUNT / ROW PCT / COL PCT / TOT PCT	0	1.	2.	ROW TOTAL
1.	4 9.5 57.1 3.9	13 31.0 30.2 12.6	25 59.5 47.2 24.3	42 40.8
2.	3 4.9 42.9 2.9	30 49.2 69.8 29.1	28 45.9 52.8 27.2	61 59.2
COLUMN TOTAL	7 6.8	43 41.7	53 51.5	103 100.0

RAW CHI SQ = 3.65305 WITH 2 D.F., SIG. = .1610

TEETH INDEX

COUNT / ROW PCT / COL PCT / TOT PCT	0	1.	2.	ROW TOTAL
1.	6 15.0 30.0 6.0	4 10.0 28.6 4.0	30 75.0 45.5 30.0	40 40.0
2.	14 23.3 70.0 14.0	10 16.7 71.4 10.0	36 60.0 54.5 36.0	60 60.0
COLUMN TOTAL	20 20.0	14 14.0	66 66.0	100 100.0

RAW CHI SQ = 2.41342 WITH 2 D.F., SIG. = .2992

MISSING OBSERVATIONS - 3

CLINICAL INDEX

COUNT / ROW PCT / COL PCT / TOT PCT	0	1.	2.	ROW TOTAL
1.	1 2.4 100.0 1.0	21 50.0 35.6 20.4	20 47.6 46.5 19.4	42 40.8
2.	0 0 0 0	38 62.3 64.4 36.9	23 37.7 53.5 22.3	61 59.2
COLUMN TOTAL	1 1.0	59 57.3	43 41.7	103 100.0

RAW CHI SQ = 2.69444 WITH 2 D.F., SIG. = .2600

```
            ANAMNESTIC  INDEX
 COUNT   I
ROW PCT  I                            ROW
COL PCT  I                            TOTAL
TOT PCT  I        0I        2.I
      ---I---------I---------I
    1.   I       2 I      40 I          42
         I     4.8 I    95.2 I        40.8
         I   100.0 I    39.6 I
         I     1.9 I    38.8 I
        -I---------I---------I
    2.   I       0 I      61 I          61
         I       0 I   100.0 I        59.2
         I       0 I    60.4 I
         I       0 I    59.2 I
        -I---------I---------I
  COLUMN         2       101         103
   TOTAL       1.9      98.1       100.0

CORRECTED CHI SQ =        .98920 1 D.F., SIG. =    .3199
      RAW CHI SQ =       2.96228 1 D.F., SIG. =    .0852
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```
            COUNTRY
 COUNT   I
ROW PCT  I                                                          ROW
COL PCT  I                                                          TOTAL
TOT PCT  I       1.I       2.I       3.I       4.I       6.I
      ---I---------I---------I---------I---------I---------I
    1.   I      26 I       6 I       2 I       2 I       6 I          42
         I    61.9 I    14.3 I     4.8 I     4.8 I    14.3 I        40.8
         I    40.6 I    27.3 I   100.0 I   100.0 I    46.2 I
         I    25.2 I     5.8 I     1.9 I     1.9 I     5.8 I
        -I---------I---------I---------I---------I---------I
    2.   I      38 I      16 I       0 I       0 I       7 I          61
         I    62.3 I    26.2 I       0 I       0 I    11.5 I        59.2
         I    59.4 I    72.7 I       0 I       0 I    53.8 I
         I    36.9 I    15.5 I       0 I       0 I     6.8 I
        -I---------I---------I---------I---------I---------I
  COLUMN        64        22         2         2        13         103
   TOTAL      62.1      21.4       1.9       1.9      12.6       100.0

RAW CHI SQ =      7.62705 WITH      4 D.F., SIG. =    .1062
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               TOTAL  TEETH  INDEX
 COUNT   I
ROW PCT  I                            ROW
COL PCT  I                            TOTAL
TOT PCT  I       1.I       2.I
      ---I---------I---------I
    1.   I       1 I      39 I          40
         I     2.5 I    97.5 I        40.0
         I    25.0 I    40.6 I
         I     1.0 I    39.0 I
        -I---------I---------I
    2.   I       3 I      57 I          60
         I     5.0 I    95.0 I        60.0
         I    75.0 I    59.4 I
         I     3.0 I    57.0 I
        -I---------I---------I
  COLUMN         4        96         100
   TOTAL       4.0      96.0       100.0

CORRECTED CHI SQ =        .01085 1 D.F., SIG. =    .9170
      RAW CHI SQ =        .39062 1 D.F., SIG. =    .5320

MISSING OBSERVATIONS -         3
```

OCCUPATION

COUNT ROW PCT COL PCT TOT PCT	1.	2.	3.	5.	6.	ROW TOTAL
1.	2 4.8 50.0 1.9	13 31.0 39.4 12.6	9 21.4 64.3 8.7	5 11.9 83.3 4.9	0 0 0 0	42 40.8
2.	2 3.3 50.0 1.9	20 32.8 60.6 19.4	5 8.2 35.7 4.9	1 1.6 16.7 1.0	1 1.6 100.0 1.0	61 59.2
COLUMN TOTAL	4 3.9	33 32.0	14 13.6	6 5.8	1 1.0	103 100.0

OCCUPATION

COUNT ROW PCT COL PCT TOT PCT	7.	8.	9.	ROW TOTAL
1.	3 7.1 21.4 2.9	3 7.1 25.0 2.9	7 16.7 36.8 6.8	42 40.8
2.	11 18.0 78.6 10.7	9 14.8 75.0 8.7	12 19.7 63.2 11.7	61 59.2
COLUMN TOTAL	14 13.6	12 11.7	19 18.4	103 100.0

RAW CHI SQ = 12.03807 WITH 7 D.F., SIG. = .0977

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CURED

COUNT ROW PCT COL PCT TOT PCT	0	1.	ROW TOTAL
1.	19 70.4 50.0 26.0	8 29.6 22.9 11.0	27 37.0
2.	19 41.3 50.0 26.0	27 58.7 77.1 37.0	46 63.0
COLUMN TOTAL	38 52.1	35 47.9	73 100.0

CORRECTED CHI SQ = 4.65349 1 D.F., SIG. = .0310
RAW CHI SQ = 5.75922 1 D.F., SIG. = .0164

MISSING OBSERVATIONS - 30

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INITIAL TREATMENT

COUNT / ROW PCT / COL PCT / TOT PCT	1.	3.	4.	7.	ROW TOTAL
1.	28 100.0 39.4 35.4	0 0 0 0	0 0 0 0	0 0 0 0	28 35.4
2.	43 84.3 60.6 54.4	2 3.9 100.0 2.5	1 2.0 100.0 1.3	5 9.8 100.0 6.3	51 64.6
COLUMN TOTAL	71 89.9	2 2.5	1 1.3	5 6.3	79 100.0

RAW CHI SQ = 4.88705 WITH 3 D.F., SIG. = .1803

MISSING OBSERVATIONS - 24

- -

MANN WHITNEY U TEST

SERIOUS EVENTS

GROUP	=	1.	GROUP	=	2.
MEAN RANK		NUMBER	MEAN RANK		NUMBER
60.11		41	45.71		61

		CORRECTED FOR TIES	
U	W	Z	2-TAILED P
897.5	2464.5	2.4125	.0158

LIFE EVENTS

GROUP	=	1.	GROUP	=	2.
MEAN RANK		NUMBER	MEAN RANK		NUMBER
61.00		41	45.11		61

		CORRECTED FOR TIES	
U	W	Z	2-TAILED P
861.0	2501.0	2.6597	.0078

ZUNG DEPRESSION SCORE

GROUP	=	1.	GROUP	=	2.
MEAN RANK		NUMBER	MEAN RANK		NUMBER
39.03		36	42.58		45

		CORRECTED FOR TIES	
U	W	Z	2-TAILED P
739.0	1405.0	-.6754	.4994

SPIELBERGER TRAIT SCORE

GROUP	=	1.	GROUP	=	2.
MEAN RANK		NUMBER	MEAN RANK		NUMBER
44.17		38	47.31		53

		CORRECTED FOR TIES	
U	W	Z	2-TAILED P
937.5	1678.5	-.5598	.5756

SPIELBERGER STATE SCORE

GROUP	=	1.	GROUP	=	2.
MEAN RANK		NUMBER	MEAN RANK		NUMBER
47.08		39	46.08		53

		CORRECTED FOR TIES	
U	W	Z	2-TAILED P
1011.0	1836.0	.1780	.8587

```
     WHITELEY INDEX

GROUP          =          1.    GROUP          =          2.
MEAN RANK          NUMBER     MEAN RANK          NUMBER
    48.01              42         54.75              61
                                  CORRECTED FOR TIES
    U                  W              Z        2-TAILED P
 1113.5             2016.5       -1.1355          .2562
------------------------------------------------------------------

     DISCRIMINANT FUNCTION

GROUP          =          1.    GROUP          =          2.
MEAN RANK          NUMBER     MEAN RANK          NUMBER
    47.08              42         55.39              61
                                  CORRECTED FOR TIES
    U                  W              Z        2-TAILED P
 1074.5             1977.5       -1.3859          .1658
------------------------------------------------------------------

     DISEASE AFFIRMATION

GROUP          =          1.    GROUP          =          2.
MEAN RANK          NUMBER     MEAN RANK          NUMBER
    50.25              42         53.20              61
                                  CORRECTED FOR TIES
    U                  W              Z        2-TAILED P
 1207.5             2110.5        -.4996          .6174
------------------------------------------------------------------

     AFFECTIVE STATE

GROUP          =          1.    GROUP          =          2.
MEAN RANK          NUMBER     MEAN RANK          NUMBER
    54.00              42         50.62              61
                                  CORRECTED FOR TIES
    U                  W              Z        2-TAILED P
 1197.0             2268.0         .5666          .5710
------------------------------------------------------------------

        GENERAL HYPOCHONDRIASIS

GROUP          =          1.    GROUP          =          2.
MEAN RANK          NUMBER     MEAN RANK          NUMBER
    52.76              42         51.48              61
                                  CORRECTED FOR TIES
    U                  W              Z        2-TAILED P
 1249.0             2216.0         .2230          .8235
------------------------------------------------------------------
```

DISEASE CONVICTION

GROUP	=	1.	GROUP	=	2.
MEAN RANK		NUMBER	MEAN RANK		NUMBER
54.07		42	50.57		61

		CORRECTED FOR TIES	
U	W	Z	2-TAILED P
1194.0	2271.0	.5988	.5493

PSYCHOLOGICAL V SOMATIC FOCUSING

GROUP	=	1.	GROUP	=	2.
MEAN RANK		NUMBER	MEAN RANK		NUMBER
57.95		42	47.90		61

		CORRECTED FOR TIES	
U	W	Z	2-TAILED P
1031.0	2434.0	1.7932	.0729

AFFECTIVE INHIBITION

GROUP	=	1.	GROUP	=	2.
MEAN RANK		NUMBER	MEAN RANK		NUMBER
47.26		42	55.26		61

		CORRECTED FOR TIES	
U	W	Z	2-TAILED P
1082.0	1985.0	-1.3583	.1744

AFFECTIVE DISTURBANCE

GROUP	=	1.	GROUP	=	2.
MEAN RANK		NUMBER	MEAN RANK		NUMBER
49.18		42	53.94		61

		CORRECTED FOR TIES	
U	W	Z	2-TAILED P
1162.5	2065.5	-.8104	.4177

DENIAL

GROUP	=	1.	GROUP	=	2.
MEAN RANK		NUMBER	MEAN RANK		NUMBER
46.55		42	55.75		61

		CORRECTED FOR TIES	
U	W	Z	2-TAILED P
1052.0	1955.0	-1.5677	.1170

```
          IRRITABILITY

GROUP            =              1.         GROUP           =             2.
MEAN RANK               NUMBER          MEAN RANK              NUMBER
    57.95                   42              47.90                  61

                                            CORRECTED FOR TIES
    U                       W                Z         2-TAILED P
  1031.0                 2434.0          1.7137           .0866
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APPENDIX V

PART B

SECTION 4.

(Pages B.4.19 to B.4.36).

2. This section describes statistical analysis between two groups who were made up of all the patients in the study (male, female, public or private) who suffered from TMJ Dysfunction. They were patients who suffered from either:

(a) Mild pain (Group 1), or
(b) Severe pain (Group 2).

T TEST

VARIABLE	NUMBER OF CASES	MEAN	STANDARD DEVIATION	STANDARD ERROR
AGE				
GROUP 1	64	41.0469	20.049	2.506
GROUP 2	39	39.0513	19.415	3.109

		POOLED VARIANCE ESTIMATE			SEPARATE VARIANCE ESTIMATE		
F VALUE	2-TAIL PROB.	T VALUE	DEGREES OF FREEDOM	2-TAIL PROB.	T VALUE	DEGREES OF FREEDOM	2-TAIL PROB.
1.07	.845	.50	101	.621	.50	82.44	.619

VARIABLE	NUMBER OF CASES	MEAN	STANDARD DEVIATION	STANDARD ERROR
ANAMNESTIC INDEX				
GROUP 1	64	1.9688	.250	.031
GROUP 2	39	1.9487	.320	.051

		POOLED VARIANCE ESTIMATE			SEPARATE VARIANCE ESTIMATE		
F VALUE	2-TAIL PROB.	T VALUE	DEGREES OF FREEDOM	2-TAIL PROB.	T VALUE	DEGREES OF FREEDOM	2-TAIL PROB.
1.64	.081	.35	101	.724	.33	65.97	.740

VARIABLE	NUMBER OF CASES	MEAN	STANDARD DEVIATION	STANDARD ERROR
CLINICAL INDEX				
GROUP 1	64	1.1375	.432	.054
GROUP 2	39	1.7692	.427	.068

		POOLED VARIANCE ESTIMATE			SEPARATE VARIANCE ESTIMATE		
F VALUE	2-TAIL PROB.	T VALUE	DEGREES OF FREEDOM	2-TAIL PROB.	T VALUE	DEGREES OF FREEDOM	2-TAIL PROB.
1.02	.955	-6.66	101	.000	-6.68	81.15	.000

VARIABLE	NUMBER OF CASES	MEAN	STANDARD DEVIATION	STANDARD ERROR
MUSCLE INDEX				
GROUP 1	64	1.2031	.647	.081
GROUP 2	39	1.9231	.270	.043

		POOLED VARIANCE ESTIMATE			SEPARATE VARIANCE ESTIMATE		
F VALUE	2-TAIL PROB.	T VALUE	DEGREES OF FREEDOM	2-TAIL PROB.	T VALUE	DEGREES OF FREEDOM	2-TAIL PROB.
5.74	.000	-6.60	101	.000	-7.85	91.74	.000

VARIABLE	NUMBER OF CASES	MEAN	STANDARD DEVIATION	STANDARD ERROR
TMJ INDEX				
GROUP 1	64	1.2656	.597	.075
GROUP 2	39	1.7436	.549	.088

		POOLED VARIANCE ESTIMATE			SEPARATE VARIANCE ESTIMATE		
F VALUE	2-TAIL PROB.	T VALUE	DEGREES OF FREEDOM	2-TAIL PROB.	T VALUE	DEGREES OF FREEDOM	2-TAIL PROB.
1.19	.578	-4.06	101	.000	-4.15	85.75	.000

VARIABLE	NUMBER OF CASES	MEAN	STANDARD DEVIATION	STANDARD ERROR
PAIN DURATION				
GROUP 1	47	11.7234	17.074	2.490
GROUP 2	35	15.9429	20.861	3.526

		POOLED VARIANCE ESTIMATE			SEPARATE VARIANCE ESTIMATE		
F VALUE	2-TAIL PROB.	T VALUE	DEGREES OF FREEDOM	2-TAIL PROB.	T VALUE	DEGREES OF FREEDOM	2-TAIL PROB.
1.49	.204	-1.01	80	.317	-.98	64.52	.332

VARIABLE	NUMBER OF CASES	MEAN	STANDARD DEVIATION	STANDARD ERROR
NUMBER OF NATURAL TEETH				
GROUP 1	62	20.8226	10.762	1.367
GROUP 2	38	17.6316	11.764	1.908

		POOLED VARIANCE ESTIMATE			SEPARATE VARIANCE ESTIMATE		
F VALUE	2-TAIL PROB.	T VALUE	DEGREES OF FREEDOM	2-TAIL PROB.	T VALUE	DEGREES OF FREEDOM	2-TAIL PROB.
1.19	.529	1.39	98	.168	1.36	73.03	.178

VARIABLE	NUMBER OF CASES	MEAN	STANDARD DEVIATION	STANDARD ERROR
TEETH INDEX				
GROUP 1	62	1.5323	.762	.097
GROUP 2	38	1.3421	.878	.143

		POOLED VARIANCE ESTIMATE			SEPARATE VARIANCE ESTIMATE		
F VALUE	2-TAIL PROB.	T VALUE	DEGREES OF FREEDOM	2-TAIL PROB.	T VALUE	DEGREES OF FREEDOM	2-TAIL PROB.
1.33	.321	1.14	98	.256	1.10	69.98	.273

VARIABLE	NUMBER OF CASES	MEAN	STANDARD DEVIATION	STANDARD ERROR
CONTACTS				
GROUP 1	62	24.4032	7.002	.889
GROUP 2	38	24.6316	5.533	.898

		POOLED VARIANCE ESTIMATE			SEPARATE VARIANCE ESTIMATE		
F VALUE	2-TAIL PROB.	T VALUE	DEGREES OF FREEDOM	2-TAIL PROB.	T VALUE	DEGREES OF FREEDOM	2-TAIL PROB.
1.60	.126	-.17	98	.865	-.18	91.70	.857

VARIABLE	NUMBER OF CASES	MEAN	STANDARD DEVIATION	STANDARD ERROR
TREATMENT TIME				
GROUP 1	51	2.0392	1.496	.210
GROUP 2	31	2.0000	1.414	.254

		POOLED VARIANCE ESTIMATE			SEPARATE VARIANCE ESTIMATE		
F VALUE	2-TAIL PROB.	T VALUE	DEGREES OF FREEDOM	2-TAIL PROB.	T VALUE	DEGREES OF FREEDOM	2-TAIL PROB.
1.12	.754	.12	80	.907	.12	66.29	.906

VARIABLE	NUMBER OF CASES	MEAN	STANDARD DEVIATION	STANDARD ERROR
TIME ELAPSED				
GROUP 1	50	8.3400	2.939	.416
GROUP 2	31	7.4516	2.965	.532

		POOLED VARIANCE ESTIMATE			SEPARATE VARIANCE ESTIMATE		
F VALUE	2-TAIL PROB.	T VALUE	DEGREES OF FREEDOM	2-TAIL PROB.	T VALUE	DEGREES OF FREEDOM	2-TAIL PROB.
1.02	.937	1.32	79	.191	1.32	63.31	.193

VARIABLE	NUMBER OF CASES	MEAN	STANDARD DEVIATION	STANDARD ERROR
GENERAL HYPOCHONDRIASIS				
GROUP 1	64	1.5469	1.816	.227
GROUP 2	39	1.3846	1.549	.248

		POOLED VARIANCE ESTIMATE			SEPARATE VARIANCE ESTIMATE		
F VALUE	2-TAIL PROB.	T VALUE	DEGREES OF FREEDOM	2-TAIL PROB.	T VALUE	DEGREES OF FREEDOM	2-TAIL PROB.
1.37	.294	.46	101	.644	.48	90.16	.631

VARIABLE	NUMBER OF CASES	MEAN	STANDARD DEVIATION	STANDARD ERROR
DISEASE CONVICTION				
GROUP 1	64	2.0156	1.527	.191
GROUP 2	39	2.0000	1.504	.241

		POOLED VARIANCE ESTIMATE			SEPARATE VARIANCE ESTIMATE		
F VALUE	2-TAIL PROB.	T VALUE	DEGREES OF FREEDOM	2-TAIL PROB.	T VALUE	DEGREES OF FREEDOM	2-TAIL PROB.
1.03	.936	.05	101	.960	.05	81.37	.960

VARIABLE	NUMBER OF CASES	MEAN	STANDARD DEVIATION	STANDARD ERROR
PSYCHOLOGICAL V SOMATIC FOCUSING				
GROUP 1	64	1.6406	.932	.117
GROUP 2	39	1.6667	.898	.144

		POOLED VARIANCE ESTIMATE			SEPARATE VARIANCE ESTIMATE		
F VALUE	2-TAIL PROB.	T VALUE	DEGREES OF FREEDOM	2-TAIL PROB.	T VALUE	DEGREES OF FREEDOM	2-TAIL PROB.
1.08	.820	-.14	101	.889	-.14	82.74	.888

VARIABLE	NUMBER OF CASES	MEAN	STANDARD DEVIATION	STANDARD ERROR
AFFECTIVE INHIBITION				
GROUP 1	64	2.4375	1.632	.204
GROUP 2	39	2.2051	1.436	.230

		POOLED VARIANCE ESTIMATE			SEPARATE VARIANCE ESTIMATE		
F VALUE	2-TAIL PROB.	T VALUE	DEGREES OF FREEDOM	2-TAIL PROB.	T VALUE	DEGREES OF FREEDOM	2-TAIL PROB.
1.29	.400	.73	101	.465	.76	88.34	.452

VARIABLE	NUMBER OF CASES	MEAN	STANDARD DEVIATION	STANDARD ERROR
AFFECTIVE DISTURBANCE				
GROUP 1	64	2.4219	1.592	.199
GROUP 2	39	2.2308	1.677	.269

		POOLED VARIANCE ESTIMATE			SEPARATE VARIANCE ESTIMATE		
F VALUE	2-TAIL PROB.	T VALUE	DEGREES OF FREEDOM	2-TAIL PROB.	T VALUE	DEGREES OF FREEDOM	2-TAIL PROB.
1.11	.700	.58	101	.564	.57	77.13	.569

VARIABLE	NUMBER OF CASES	MEAN	STANDARD DEVIATION	STANDARD ERROR
DENIAL				
GROUP 1	64	3.0156	1.714	.214
GROUP 2	39	3.2821	1.432	.229

		POOLED VARIANCE ESTIMATE			SEPARATE VARIANCE ESTIMATE		
F VALUE	2-TAIL PROB.	T VALUE	DEGREES OF FREEDOM	2-TAIL PROB.	T VALUE	DEGREES OF FREEDOM	2-TAIL PROB.
1.43	.236	-.81	101	.418	-.85	91.32	.398

VARIABLE	NUMBER OF CASES	MEAN	STANDARD DEVIATION	STANDARD ERROR
IRRITABILITY				
GROUP 1	64	1.9063	1.540	.193
GROUP 2	39	2.2308	1.739	.278

		POOLED VARIANCE ESTIMATE			SEPARATE VARIANCE ESTIMATE		
F VALUE	2-TAIL PROB.	T VALUE	DEGREES OF FREEDOM	2-TAIL PROB.	T VALUE	DEGREES OF FREEDOM	2-TAIL PROB.
1.27	.388	-.99	101	.326	-.96	72.95	.341

VARIABLE	NUMBER OF CASES	MEAN	STANDARD DEVIATION	STANDARD ERROR
AFFECTIVE STATE				
GROUP 1	64	5.8750	3.534	.442
GROUP 2	39	5.8462	3.951	.633

		POOLED VARIANCE ESTIMATE			SEPARATE VARIANCE ESTIMATE		
F VALUE	2-TAIL PROB.	T VALUE	DEGREES OF FREEDOM	2-TAIL PROB.	T VALUE	DEGREES OF FREEDOM	2-TAIL PROB.
1.25	.426	.04	101	.969	.04	73.55	.970

VARIABLE	NUMBER OF CASES	MEAN	STANDARD DEVIATION	STANDARD ERROR
DISEASE AFFIRMATION				
GROUP 1	64	5.3750	2.142	.268
GROUP 2	39	5.3333	1.938	.310

		POOLED VARIANCE ESTIMATE			SEPARATE VARIANCE ESTIMATE		
F VALUE	2-TAIL PROB.	T VALUE	DEGREES OF FREEDOM	2-TAIL PROB.	T VALUE	DEGREES OF FREEDOM	2-TAIL PROB.
1.22	.512	.10	101	.921	.10	86.67	.919

VARIABLE	NUMBER OF CASES	MEAN	STANDARD DEVIATION	STANDARD ERROR
DISCRIMINANT FUNCTION				
GROUP 1	64	54.3297	15.893	1.987
GROUP 2	39	54.7538	15.643	2.505

		POOLED VARIANCE ESTIMATE			SEPARATE VARIANCE ESTIMATE		
F VALUE	2-TAIL PROB.	T VALUE	DEGREES OF FREEDOM	2-TAIL PROB.	T VALUE	DEGREES OF FREEDOM	2-TAIL PROB.
1.03	.933	-.13	101	.895	-.13	81.41	.895

VARIABLE	NUMBER OF CASES	MEAN	STANDARD DEVIATION	STANDARD ERROR
WHITELEY INDEX				
GROUP 1	64	3.3750	2.995	.374
GROUP 2	39	3.2308	2.786	.446

		POOLED VARIANCE ESTIMATE			SEPARATE VARIANCE ESTIMATE		
F VALUE	2-TAIL PROB.	T VALUE	DEGREES OF FREEDOM	2-TAIL PROB.	T VALUE	DEGREES OF FREEDOM	2-TAIL PROB.
1.16	.640	.24	101	.808	.25	84.95	.805

VARIABLE	NUMBER OF CASES	MEAN	STANDARD DEVIATION	STANDARD ERROR
SPIELBERGER STATE SCORE				
GROUP 1	57	38.5439	11.636	1.541
GROUP 2	35	39.2857	11.834	2.000

		POOLED VARIANCE ESTIMATE			SEPARATE VARIANCE ESTIMATE		
F VALUE	2-TAIL PROB.	T VALUE	DEGREES OF FREEDOM	2-TAIL PROB.	T VALUE	DEGREES OF FREEDOM	2-TAIL PROB.
1.03	.893	-.29	90	.769	-.29	71.13	.770

VARIABLE	NUMBER OF CASES	MEAN	STANDARD DEVIATION	STANDARD ERROR
SPIELBERGER TRAIT SCORE				
GROUP 1	58	38.9655	10.224	1.342
GROUP 2	33	41.1818	11.184	1.947

		POOLED VARIANCE ESTIMATE			SEPARATE VARIANCE ESTIMATE		
F VALUE	2-TAIL PROB.	T VALUE	DEGREES OF FREEDOM	2-TAIL PROB.	T VALUE	DEGREES OF FREEDOM	2-TAIL PROB.
1.20	.545	-.96	89	.339	-.94	61.82	.352

VARIABLE	NUMBER OF CASES	MEAN	STANDARD DEVIATION	STANDARD ERROR
ZUNG DEPRESSION SCORE				
GROUP 1	49	37.2041	9.289	1.327
GROUP 2	32	38.3438	10.114	1.788

		POOLED VARIANCE ESTIMATE			SEPARATE VARIANCE ESTIMATE		
F VALUE	2-TAIL PROB.	T VALUE	DEGREES OF FREEDOM	2-TAIL PROB.	T VALUE	DEGREES OF FREEDOM	2-TAIL PROB.
1.19	.586	-.52	79	.604	-.51	62.34	.611

VARIABLE	NUMBER OF CASES	MEAN	STANDARD DEVIATION	STANDARD ERROR
LIFE EVENTS				
GROUP 1	64	384.5469	313.151	39.144
GROUP 2	38	416.6053	347.063	56.301

		POOLED VARIANCE ESTIMATE			SEPARATE VARIANCE ESTIMATE		
F VALUE	2-TAIL PROB.	T VALUE	DEGREES OF FREEDOM	2-TAIL PROB.	T VALUE	DEGREES OF FREEDOM	2-TAIL PROB.
1.23	.466	-.48	100	.632	-.47	71.59	.642

VARIABLE	NUMBER OF CASES	MEAN	STANDARD DEVIATION	STANDARD ERROR
SERIOUS EVENTS				
GROUP 1	64	288.1719	262.871	32.859
GROUP 2	38	294.4211	266.449	43.224

		POOLED VARIANCE ESTIMATE			SEPARATE VARIANCE ESTIMATE		
F VALUE	2-TAIL PROB.	T VALUE	DEGREES OF FREEDOM	2-TAIL PROB.	T VALUE	DEGREES OF FREEDOM	2-TAIL PROB.
1.03	.907	-.12	100	.908	-.12	77.02	.909

CHI SQUARE TEST

SEXUAL PROBLEMS

COUNT / ROW PCT / COL PCT / TOT PCT		7.	8.	ROW TOTAL
1.	COUNT	49	15	64
	ROW PCT	76.6	23.4	62.7
	COL PCT	66.2	53.6	
	TOT PCT	48.0	14.7	
2.	COUNT	25	13	38
	ROW PCT	65.8	34.2	37.3
	COL PCT	33.8	46.4	
	TOT PCT	24.5	12.7	
COLUMN TOTAL		74	28	102
		72.5	27.5	100.0

CORRECTED CHI SQ = .90118 1 D.F., SIG. = .3425
RAW CHI SQ = 1.38947 1 D.F., SIG. = .2385

MISSING OBSERVATIONS - 1

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RADIOGRAPHIC INDEX

COUNT / ROW PCT / COL PCT / TOT PCT		0	1.	2.	ROW TOTAL
1.	COUNT	9	6	20	35
	ROW PCT	25.7	17.1	57.1	63.6
	COL PCT	69.2	75.0	58.8	
	TOT PCT	16.4	10.9	36.4	
2.	COUNT	4	2	14	20
	ROW PCT	20.0	10.0	70.0	36.4
	COL PCT	30.8	25.0	41.2	
	TOT PCT	7.3	3.6	25.5	
COLUMN TOTAL		13	8	34	55
		23.6	14.5	61.8	100.0

RAW CHI SQ = .96259 WITH 2 D.F., SIG. = .6180

MISSING OBSERVATIONS - 48

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MUSCLE INDEX

COUNT / ROW PCT / COL PCT / TOT PCT		0	1.	2.	ROW TOTAL
1.	COUNT	8	35	21	64
	ROW PCT	12.5	54.7	32.8	62.1
	COL PCT	100.0	92.1	36.8	
	TOT PCT	7.8	34.0	20.4	
2.	COUNT	0	3	36	39
	ROW PCT	0	7.7	92.3	37.9
	COL PCT	0	7.9	63.2	
	TOT PCT	0	2.9	35.0	
COLUMN TOTAL		8	38	57	103
		7.8	36.9	55.3	100.0

RAW CHI SQ = 34.88174 WITH 2 D.F., SIG. = .0000

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TMJ INDEX

COUNT / ROW PCT / COL PCT / TOT PCT	0	1.	2.	ROW TOTAL
1.	5	37	22	64
	7.8	57.8	34.4	62.1
	71.4	86.0	41.5	
	4.9	35.9	21.4	
2.	2	6	31	39
	5.1	15.4	79.5	37.9
	28.6	14.0	58.5	
	1.9	5.8	30.1	
COLUMN TOTAL	7	43	53	103
	6.8	41.7	51.5	100.0

RAW CHI SQ = 20.29024 WITH 2 D.F., SIG. = .0000

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TEETH INDEX

COUNT / ROW PCT / COL PCT / TOT PCT	0	1.	2.	ROW TOTAL
1.	10	9	43	62
	16.1	14.5	69.4	62.0
	50.0	64.3	65.2	
	10.0	9.0	43.0	
2.	10	5	23	38
	26.3	13.2	60.5	38.0
	50.0	35.7	34.8	
	10.0	5.0	23.0	
COLUMN TOTAL	20	14	66	100
	20.0	14.0	66.0	100.0

RAW CHI SQ = 1.53169 WITH 2 D.F., SIG. = .4649

MISSING OBSERVATIONS - 3

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CLINICAL INDEX

COUNT / ROW PCT / COL PCT / TOT PCT	0	1.	2.	ROW TOTAL
1.	1	50	13	64
	1.6	78.1	20.3	62.1
	100.0	84.7	30.2	
	1.0	48.5	12.6	
2.	0	9	30	39
	0	23.1	76.9	37.9
	0	15.3	69.8	
	0	8.7	29.1	
COLUMN TOTAL	1	59	43	103
	1.0	57.3	41.7	100.0

RAW CHI SQ = 32.03154 WITH 2 D.F., SIG. = .0000

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ANAMNESTIC INDEX

COUNT / ROW PCT / COL PCT / TOT PCT	0	2.	ROW TOTAL
1.	1 1.6 50.0 1.0	63 98.4 62.4 61.2	64 62.1
2.	1 2.6 50.0 1.0	38 97.4 37.6 36.9	39 37.9
COLUMN TOTAL	2 1.9	101 98.1	103 100.0

CORRECTED CHI SQ = 0 1 D.F., SIG. = 1.0000
RAW CHI SQ = .12768 1 D.F., SIG. = .7209

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COUNTRY

COUNT / ROW PCT / COL PCT / TOT PCT	1.	2.	3.	4.	6.	ROW TOTAL
1.	42 65.6 65.6 40.8	12 18.8 54.5 11.7	1 1.6 50.0 1.0	1 1.6 50.0 1.0	8 12.5 61.5 7.8	64 62.1
2.	22 56.4 34.4 21.4	10 25.6 45.5 9.7	1 2.6 50.0 1.0	1 2.6 50.0 1.0	5 12.8 38.5 4.9	39 37.9
COLUMN TOTAL	64 62.1	22 21.4	2 1.9	2 1.9	13 12.6	103 100.0

RAW CHI SQ = 1.12228 WITH 4 D.F., SIG. = .8907

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TOTAL TEETH INDEX

COUNT / ROW PCT / COL PCT / TOT PCT	1.	2.	ROW TOTAL
1.	4 6.5 100.0 4.0	58 93.5 60.4 58.0	62 62.0
2.	0 0 0 0	38 100.0 39.6 38.0	38 38.0
COLUMN TOTAL	4 4.0	96 96.0	100 100.0

CORRECTED CHI SQ = 1.14999 1 D.F., SIG. = .2836
RAW CHI SQ = 2.55376 1 D.F., SIG. = .1100

MISSING OBSERVATIONS - 3

OCCUPATION — COUNT / ROW PCT / COL PCT / TOT PCT	1.	2.	3.	5.	6.	ROW TOTAL
1.	3	20	9	4	1	64
	4.7	31.3	14.1	6.3	1.6	62.1
	75.0	60.6	64.3	66.7	100.0	
	2.9	19.4	8.7	3.9	1.0	
2.	1	13	5	2	0	39
	2.6	33.3	12.8	5.1	0	37.9
	25.0	39.4	35.7	33.3	0	
	1.0	12.6	4.9	1.9	0	
COLUMN TOTAL	4	33	14	6	1	103
	3.9	32.0	13.6	5.8	1.0	100.0

OCCUPATION — COUNT / ROW PCT / COL PCT / TOT PCT	7.	8.	9.	ROW TOTAL
1.	11	8	8	64
	17.2	12.5	12.5	62.1
	78.6	66.7	42.1	
	10.7	7.8	7.8	
2.	3	4	11	39
	7.7	10.3	28.2	37.9
	21.4	33.3	57.9	
	2.9	3.9	10.7	
COLUMN TOTAL	14	12	19	103
	13.6	11.7	18.4	100.0

RAW CHI SQ = 5.95572 WITH 7 D.F., SIG. = .5449

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CURED — COUNT / ROW PCT / COL PCT / TOT PCT	0	1.	ROW TOTAL
1.	25	21	46
	54.3	45.7	63.0
	65.8	60.0	
	34.2	28.8	
2.	13	14	27
	48.1	51.9	37.0
	34.2	40.0	
	17.8	19.2	
COLUMN TOTAL	38	35	73
	52.1	47.9	100.0

CORRECTED CHI SQ = .07249 1 D.F., SIG. = .7878
RAW CHI SQ = .26202 1 D.F., SIG. = .6087

MISSING OBSERVATIONS - 30

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INITITAL TREATMENT

COUNT / ROW PCT / COL PCT / TOT PCT	1.	3.	4.	7.	ROW TOTAL
1.	47 94.0 66.2 59.5	1 2.0 50.0 1.3	0 0 0 0	2 4.0 40.0 2.5	50 63.3
2.	24 82.8 33.8 30.4	1 3.4 50.0 1.3	1 3.4 100.0 1.3	3 10.3 60.0 3.8	29 36.7
COLUMN TOTAL	71 89.9	2 2.5	1 1.3	5 6.3	79 100.0

RAW CHI SQ = 3.30173 WITH 3 D.F., SIG. = .3474

MISSING OBSERVATIONS - 24

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MANN WHITNEY U TEST

SERIOUS EVENTS

GROUP = 1.		GROUP = 2.	
MEAN RANK	NUMBER	MEAN RANK	NUMBER
51.26	64	51.91	38

		CORRECTED FOR TIES	
U	W	Z	2-TAILED P
1200.5	1972.5	-.1074	.9145

LIFE EVENTS

GROUP = 1.		GROUP = 2.	
MEAN RANK	NUMBER	MEAN RANK	NUMBER
50.66	64	52.91	38

		CORRECTED FOR TIES	
U	W	Z	2-TAILED P
1162.5	2010.5	-.3705	.7110

ZUNG DEPRESSION SCORE

MEAN RANK	NUMBER	MEAN RANK	NUMBER
40.85	49	41.23	32

		CORRECTED FOR TIES	
U	W	Z	2-TAILED P
776.5	1319.5	-.0725	.9422

SPIELBERGER TRAIT SCORE

GROUP = 1.		GROUP = 2.	
MEAN RANK	NUMBER	MEAN RANK	NUMBER
44.16	58	49.23	33

		CORRECTED FOR TIES	
U	W	Z	2-TAILED P
850.5	1624.5	-.8800	.3789

SPIELBERGER STATE SCORE

GROUP = 1.		GROUP = 2.	
MEAN RANK	NUMBER	MEAN RANK	NUMBER
46.27	57	46.87	35

		CORRECTED FOR TIES	
U	W	Z	2-TAILED P
984.5	1640.5	-.1047	.9166

WHITELEY INDEX

GROUP = 1.			GROUP = 2.		
MEAN RANK	NUMBER		MEAN RANK	NUMBER	
52.10	64		51.83	39	

		CORRECTED FOR TIES	
U	W	Z	2-TAILED P
1241.5	2021.5	.0446	.9644

DISCRIMINANT FUNCTION

GROUP = 1.			GROUP = 2.		
MEAN RANK	NUMBER		MEAN RANK	NUMBER	
52.05	64		51.92	39	

		CORRECTED FOR TIES	
U	W	Z	2-TAILED P
1245.0	2025.0	.0204	.9837

DISEASE AFFIRMATION

GROUP = 1.			GROUP = 2.		
MEAN RANK	NUMBER		MEAN RANK	NUMBER	
52.27	64		51.55	39	

		CORRECTED FOR TIES	
U	W	Z	2-TAILED P
1230.5	2010.5	.1205	.9041

AFFECTIVE STATE

GROUP = 1.			GROUP = 2.		
MEAN RANK	NUMBER		MEAN RANK	NUMBER	
52.37	64		51.38	39	

		CORRECTED FOR TIES	
U	W	Z	2-TAILED P
1224.0	2004.0	.1640	.8697

GENERAL HYPOCHONDRIASIS

GROUP = 1.			GROUP = 2.		
MEAN RANK	NUMBER		MEAN RANK	NUMBER	
52.41	64		51.32	39	

		CORRECTED FOR TIES	
U	W	Z	2-TAILED P
1221.5	2001.5	.1871	.8516

DISEASE CONVICTION

GROUP = 1.		GROUP = 2.	
MEAN RANK	NUMBER	MEAN RANK	NUMBER
52.09	64	51.86	39

		CORRECTED FOR TIES	
U	W	Z	2-TAILED P
1242.5	2022.5	.0334	.9694

PSYCHOLOGICAL V SOMATIC FOCUSING

GROUP = 1.		GROUP = 2.	
MEAN RANK	NUMBER	MEAN RANK	NUMBER
51.98	64	52.03	39

		CORRECTED FOR TIES	
U	W	Z	2-TAILED P
1247.0	2029.0	-.0073	.9942

AFFECTIVE INHIBITION

GROUP = 1.		GROUP = 2.	
MEAN RANK	NUMBER	MEAN RANK	NUMBER
53.47	64	49.59	39

		CORRECTED FOR TIES	
U	W	Z	2-TAILED P
1154.0	1934.0	.6500	.5157

AFFECTIVE DISTURBANCE

GROUP = 1.		GROUP = 2.	
MEAN RANK	NUMBER	MEAN RANK	NUMBER
53.38	64	49.74	39

		CORRECTED FOR TIES	
U	W	Z	2-TAILED P
1160.0	1940.0	.6097	.5421

DENIAL

GROUP = 1.		GROUP = 2.	
MEAN RANK	NUMBER	MEAN RANK	NUMBER
50.67	64	54.18	39

		CORRECTED FOR TIES	
U	W	Z	2-TAILED P
1163.0	2113.0	-.5895	.5555

IRRITABILITY

GROUP	=	1.	GROUP	=		2.
MEAN RANK		NUMBER	MEAN RANK		NUMBER	
50.13		64	55.08		39	

		CORRECTED FOR TIES	
U	W	Z	2-TAILED P
1128.0	2148.0	-.8334	.4046

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A P P E N D I X   V

PART B

SECTION 4

(Pages B.4.37 to B.4.50).

3. This section describes statistical analysis between two groups who were made up of <u>all the patients</u> (male or female, private or public) who <u>suffered from TMJ Dysfunction</u> and who were classified as either:

(a) <u>Cured</u> (N=38) (Group 1), or
(b) <u>Not cured</u> (N=35) (Group 2).

T TEST

VARIABLE	NUMBER OF CASES	MEAN	STANDARD DEVIATION	STANDARD ERROR
AGE				
GROUP 1	38	44.2105	19.595	3.179
GROUP 2	35	40.4286	20.666	3.493

		POOLED VARIANCE ESTIMATE			SEPARATE VARIANCE ESTIMATE		
F VALUE	2-TAIL PROB.	T VALUE	DEGREES OF FREEDOM	2-TAIL PROB.	T VALUE	DEGREES OF FREEDOM	2-TAIL PROB.
1.11	.749	.80	71	.425	.80	69.70	.426

VARIABLE	NUMBER OF CASES	MEAN	STANDARD DEVIATION	STANDARD ERROR
ANAMNESTIC INDEX				
GROUP 1	38	1.8947	.453	.073
GROUP 2	35	2.0000	0	0

		POOLED VARIANCE ESTIMATE			SEPARATE VARIANCE ESTIMATE		
F VALUE	2-TAIL PROB.	T VALUE	DEGREES OF FREEDOM	2-TAIL PROB.	T VALUE	DEGREES OF FREEDOM	2-TAIL PROB.
0	1.000	-1.38	71	.173	-1.43	37.00	.160

VARIABLE	NUMBER OF CASES	MEAN	STANDARD DEVIATION	STANDARD ERROR
CLINICAL INDEX				
GROUP 1	38	1.3684	.541	.088
GROUP 2	35	1.4571	.505	.085

		POOLED VARIANCE ESTIMATE			SEPARATE VARIANCE ESTIMATE		
F VALUE	2-TAIL PROB.	T VALUE	DEGREES OF FREEDOM	2-TAIL PROB.	T VALUE	DEGREES OF FREEDOM	2-TAIL PROB.
1.15	.689	-.72	71	.473	-.72	70.98	.471

VARIABLE	NUMBER OF CASES	MEAN	STANDARD DEVIATION	STANDARD ERROR
MUSCLE INDEX				
GROUP 1	38	1.3684	.633	.103
GROUP 2	35	1.5143	.702	.119

		POOLED VARIANCE ESTIMATE			SEPARATE VARIANCE ESTIMATE		
F VALUE	2-TAIL PROB.	T VALUE	DEGREES OF FREEDOM	2-TAIL PROB.	T VALUE	DEGREES OF FREEDOM	2-TAIL PROB.
1.23	.541	-.93	71	.354	-.93	68.65	.356

VARIABLE	NUMBER OF CASES	MEAN	STANDARD DEVIATION	STANDARD ERROR
TMJ INDEX				
GROUP 1	38	1.3421	.669	.109
GROUP 2	35	1.5143	.612	.103

		POOLED VARIANCE ESTIMATE			SEPARATE VARIANCE ESTIMATE		
F VALUE	2-TAIL PROB.	T VALUE	DEGREES OF FREEDOM	2-TAIL PROB.	T VALUE	DEGREES OF FREEDOM	2-TAIL PROB.
1.19	.605	-1.14	71	.256	-1.15	71.00	.255

VARIABLE	NUMBER OF CASES	MEAN	STANDARD DEVIATION	STANDARD ERROR
PAIN DURATION				
GROUP 1	31	10.0968	15.770	2.832
GROUP 2	27	18.4444	21.792	4.194

		POOLED VARIANCE ESTIMATE			SEPARATE VARIANCE ESTIMATE		
F VALUE	2-TAIL PROB.	T VALUE	DEGREES OF FREEDOM	2-TAIL PROB.	T VALUE	DEGREES OF FREEDOM	2-TAIL PROB.
1.91	.089	-1.69	56	.097	-1.65	46.71	.106

VARIABLE	NUMBER OF CASES	MEAN	STANDARD DEVIATION	STANDARD ERROR
NUMBER OF NATURAL TEETH				
GROUP 1	36	18.3056	11.024	1.837
GROUP 2	34	20.4412	11.071	1.899

		POOLED VARIANCE ESTIMATE			SEPARATE VARIANCE ESTIMATE		
F VALUE	2-TAIL PROB.	T VALUE	DEGREES OF FREEDOM	2-TAIL PROB.	T VALUE	DEGREES OF FREEDOM	2-TAIL PROB.
1.01	.978	-.62	68	.538	-.62	67.74	.538

VARIABLE	NUMBER OF CASES	MEAN	STANDARD DEVIATION	STANDARD ERROR
TEETH INDEX				
GROUP 1	36	1.3889	.803	.134
GROUP 2	34	1.5294	.788	.135

		POOLED VARIANCE ESTIMATE			SEPARATE VARIANCE ESTIMATE		
F VALUE	2-TAIL PROB.	T VALUE	DEGREES OF FREEDOM	2-TAIL PROB.	T VALUE	DEGREES OF FREEDOM	2-TAIL PROB.
1.04	.915	-.74	68	.463	-.74	67.90	.462

VARIABLE	NUMBER OF CASES	MEAN	STANDARD DEVIATION	STANDARD ERROR
CONTACTS				
GROUP 1	36	23.6667	6.829	1.138
GROUP 2	34	25.3824	4.887	.838

		POOLED VARIANCE ESTIMATE			SEPARATE VARIANCE ESTIMATE		
F VALUE	2-TAIL PROB.	T VALUE	DEGREES OF FREEDOM	2-TAIL PROB.	T VALUE	DEGREES OF FREEDOM	2-TAIL PROB.
1.95	.056	-1.20	68	.233	-1.21	63.46	.229

VARIABLE	NUMBER OF CASES	MEAN	STANDARD DEVIATION	STANDARD ERROR
TREATMENT TIME				
GROUP 1	38	1.8421	1.128	.183
GROUP 2	35	2.4000	1.818	.307

		POOLED VARIANCE ESTIMATE			SEPARATE VARIANCE ESTIMATE		
F VALUE	2-TAIL PROB.	T VALUE	DEGREES OF FREEDOM	2-TAIL PROB.	T VALUE	DEGREES OF FREEDOM	2-TAIL PROB.
2.60	.005	-1.59	71	.116	-1.56	55.91	.124

VARIABLE	NUMBER OF CASES	MEAN	STANDARD DEVIATION	STANDARD ERROR
TIME ELAPSED				
GROUP 1	38	8.1053	3.237	.525
GROUP 2	35	7.7143	2.663	.450

		POOLED VARIANCE ESTIMATE			SEPARATE VARIANCE ESTIMATE		
F VALUE	2-TAIL PROB.	T VALUE	DEGREES OF FREEDOM	2-TAIL PROB.	T VALUE	DEGREES OF FREEDOM	2-TAIL PROB.
1.48	.254	.56	71	.577	.57	70.14	.574

VARIABLE	NUMBER OF CASES	MEAN	STANDARD DEVIATION	STANDARD ERROR
GENERAL HYPOCHONDRIASIS				
GROUP 1	38	1.4211	1.687	.274
GROUP 2	35	1.3429	1.413	.239

		POOLED VARIANCE ESTIMATE			SEPARATE VARIANCE ESTIMATE		
F VALUE	2-TAIL PROB.	T VALUE	DEGREES OF FREEDOM	2-TAIL PROB.	T VALUE	DEGREES OF FREEDOM	2-TAIL PROB.
1.42	.300	.21	71	.831	.22	70.39	.830

VARIABLE	NUMBER OF CASES	MEAN	STANDARD DEVIATION	STANDARD ERROR
DISEASE CONVICTION				
GROUP 1	38	1.8947	1.448	.235
GROUP 2	35	2.0286	1.382	.234

		POOLED VARIANCE ESTIMATE			SEPARATE VARIANCE ESTIMATE		
F VALUE	2-TAIL PROB.	T VALUE	DEGREES OF FREEDOM	2-TAIL PROB.	T VALUE	DEGREES OF FREEDOM	2-TAIL PROB.
1.10	.788	-.40	71	.688	-.40	70.90	.687

VARIABLE	NUMBER OF CASES	MEAN	STANDARD DEVIATION	STANDARD ERROR
PSYCHOLOGICAL V SOMATIC FOCUSING				
GROUP 1	38	1.8421	.916	.149
GROUP 2	35	1.5143	.981	.166

		POOLED VARIANCE ESTIMATE			SEPARATE VARIANCE ESTIMATE		
F VALUE	2-TAIL PROB.	T VALUE	DEGREES OF FREEDOM	2-TAIL PROB.	T VALUE	DEGREES OF FREEDOM	2-TAIL PROB.
1.15	.681	1.48	71	.144	1.47	69.40	.146

VARIABLE	NUMBER OF CASES	MEAN	STANDARD DEVIATION	STANDARD ERROR
AFFECTIVE INHIBITION				
GROUP 1	38	2.3947	1.586	.257
GROUP 2	35	2.4000	1.557	.263

		POOLED VARIANCE ESTIMATE			SEPARATE VARIANCE ESTIMATE		
F VALUE	2-TAIL PROB.	T VALUE	DEGREES OF FREEDOM	2-TAIL PROB.	T VALUE	DEGREES OF FREEDOM	2-TAIL PROB.
1.04	.916	-.01	71	.989	-.01	70.70	.989

VARIABLE	NUMBER OF CASES	MEAN	STANDARD DEVIATION	STANDARD ERROR
AFFECTIVE DISTURBANCE				
GROUP 1	38	2.5263	1.672	.271
GROUP 2	35	2.2857	1.426	.241

		POOLED VARIANCE ESTIMATE			SEPARATE VARIANCE ESTIMATE		
F VALUE	2-TAIL PROB.	T VALUE	DEGREES OF FREEDOM	2-TAIL PROB.	T VALUE	DEGREES OF FREEDOM	2-TAIL PROB.
1.38	.351	.66	71	.512	.66	70.60	.509

VARIABLE	NUMBER OF CASES	MEAN	STANDARD DEVIATION	STANDARD ERROR
DENIAL				
GROUP 1	38	3.0000	1.611	.261
GROUP 2	35	3.4286	1.558	.263

		POOLED VARIANCE ESTIMATE			SEPARATE VARIANCE ESTIMATE		
F VALUE	2-TAIL PROB.	T VALUE	DEGREES OF FREEDOM	2-TAIL PROB.	T VALUE	DEGREES OF FREEDOM	2-TAIL PROB.
1.07	.849	-1.15	71	.253	-1.16	70.82	.252

VARIABLE	NUMBER OF CASES	MEAN	STANDARD DEVIATION	STANDARD ERROR
IRRITABILITY				
GROUP 1	38	2.2105	1.630	.264
GROUP 2	35	1.5714	1.520	.257

		POOLED VARIANCE ESTIMATE			SEPARATE VARIANCE ESTIMATE		
F VALUE	2-TAIL PROB.	T VALUE	DEGREES OF FREEDOM	2-TAIL PROB.	T VALUE	DEGREES OF FREEDOM	2-TAIL PROB.
1.15	.684	1.73	71	.088	1.73	70.99	.087

VARIABLE	NUMBER OF CASES	MEAN	STANDARD DEVIATION	STANDARD ERROR
AFFECTIVE STATE				
GROUP 1	38	6.1579	3.803	.617
GROUP 2	35	5.2000	2.908	.492

		POOLED VARIANCE ESTIMATE			SEPARATE VARIANCE ESTIMATE		
F VALUE	2-TAIL PROB.	T VALUE	DEGREES OF FREEDOM	2-TAIL PROB.	T VALUE	DEGREES OF FREEDOM	2-TAIL PROB.
1.71	.118	1.20	71	.234	1.21	68.75	.229

VARIABLE	NUMBER OF CASES	MEAN	STANDARD DEVIATION	STANDARD ERROR
DISEASE AFFIRMATION				
GROUP 1	38	5.0526	1.986	.322
GROUP 2	35	5.5143	2.035	.344

		POOLED VARIANCE ESTIMATE			SEPARATE VARIANCE ESTIMATE		
F VALUE	2-TAIL PROB.	T VALUE	DEGREES OF FREEDOM	2-TAIL PROB.	T VALUE	DEGREES OF FREEDOM	2-TAIL PROB.
1.05	.882	-.98	71	.330	-.98	70.19	.331

VARIABLE	NUMBER OF CASES	MEAN	STANDARD DEVIATION	STANDARD ERROR
DISCRIMINANT FUNCTION				
GROUP 1	38	51.5737	15.858	2.573
GROUP 2	35	56.7057	16.451	2.781

		POOLED VARIANCE ESTIMATE			SEPARATE VARIANCE ESTIMATE		
F VALUE	2-TAIL PROB.	T VALUE	DEGREES OF FREEDOM	2-TAIL PROB.	T VALUE	DEGREES OF FREEDOM	2-TAIL PROB.
1.08	.824	-1.36	71	.179	-1.35	69.99	.180

VARIABLE	NUMBER OF CASES	MEAN	STANDARD DEVIATION	STANDARD ERROR
WHITELEY INDEX				
GROUP 1	38	3.2105	2.652	.430
GROUP 2	35	3.4571	2.758	.466

		POOLED VARIANCE ESTIMATE			SEPARATE VARIANCE ESTIMATE		
F VALUE	2-TAIL PROB.	T VALUE	DEGREES OF FREEDOM	2-TAIL PROB.	T VALUE	DEGREES OF FREEDOM	2-TAIL PROB.
1.08	.813	-.39	71	.698	-.39	69.95	.699

VARIABLE	NUMBER OF CASES	MEAN	STANDARD DEVIATION	STANDARD ERROR
SPIELBERGER STATE SCORE				
GROUP 1	32	40.0313	11.839	2.093
GROUP 2	33	39.1515	10.314	1.795

		POOLED VARIANCE ESTIMATE			SEPARATE VARIANCE ESTIMATE		
F VALUE	2-TAIL PROB.	T VALUE	DEGREES OF FREEDOM	2-TAIL PROB.	T VALUE	DEGREES OF FREEDOM	2-TAIL PROB.
1.32	.442	.32	63	.750	.32	61.27	.751

VARIABLE	NUMBER OF CASES	MEAN	STANDARD DEVIATION	STANDARD ERROR
SPIELBERGER TRAIT SCORE				
GROUP 1	35	39.9714	10.188	1.722
GROUP 2	30	39.7333	9.642	1.760

		POOLED VARIANCE ESTIMATE			SEPARATE VARIANCE ESTIMATE		
F VALUE	2-TAIL PROB.	T VALUE	DEGREES OF FREEDOM	2-TAIL PROB.	T VALUE	DEGREES OF FREEDOM	2-TAIL PROB.
1.12	.767	.10	63	.924	.10	62.36	.923

VARIABLE	NUMBER OF CASES	MEAN	STANDARD DEVIATION	STANDARD ERROR
ZUNG DEPRESSION SCORE				
GROUP 1	28	37.6071	10.031	1.896
GROUP 2	27	37.0000	8.435	1.623

		POOLED VARIANCE ESTIMATE			SEPARATE VARIANCE ESTIMATE		
F VALUE	2-TAIL PROB.	T VALUE	DEGREES OF FREEDOM	2-TAIL PROB.	T VALUE	DEGREES OF FREEDOM	2-TAIL PROB.
1.41	.390	.24	53	.809	.24	52.05	.809

VARIABLE	NUMBER OF CASES	MEAN	STANDARD DEVIATION	STANDARD ERROR
LIFE EVENTS				
GROUP 1	38	358.0789	303.830	49.288
GROUP 2	35	428.4286	363.185	61.389

		POOLED VARIANCE ESTIMATE			SEPARATE VARIANCE ESTIMATE		
F VALUE	2-TAIL PROB.	T VALUE	DEGREES OF FREEDOM	2-TAIL PROB.	T VALUE	DEGREES OF FREEDOM	2-TAIL PROB.
1.43	.289	-.90	71	.371	-.89	66.55	.375

VARIABLE	NUMBER OF CASES	MEAN	STANDARD DEVIATION	STANDARD ERROR
SERIOUS EVENTS				
GROUP 1	38	271.7632	257.752	41.813
GROUP 2	35	321.5143	307.541	51.984

		POOLED VARIANCE ESTIMATE			SEPARATE VARIANCE ESTIMATE		
F VALUE	2-TAIL PROB.	T VALUE	DEGREES OF FREEDOM	2-TAIL PROB.	T VALUE	DEGREES OF FREEDOM	2-TAIL PROB.
1.42	.294	-.75	71	.455	-.75	66.61	.458

8.4.46

CHI SQUARE TEST

SEXUAL PROBLEMS

COUNT / ROW PCT / COL PCT / TOT PCT	7.	3.	ROW TOTAL
1.	23 60.5 44.2 31.5	15 39.5 71.4 20.5	38 52.1
2.	29 82.9 55.8 39.7	6 17.1 28.6 8.2	35 47.9
COLUMN TOTAL	52 71.2	21 28.8	73 100.0

CORRECTED CHI SQ = 3.41056 1 D.F., SIG. = .0648
RAW CHI SQ = 4.43365 1 D.F., SIG. = .0352

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RADIOGRAPHIC INDEX

COUNT / ROW PCT / COL PCT / TOT PCT	0	1.	2.	ROW TOTAL
1.	4 17.4 57.1 9.3	6 26.1 75.0 14.0	13 56.5 46.4 30.2	23 53.5
2.	3 15.0 42.9 7.0	2 10.0 25.0 4.7	15 75.0 53.6 34.9	20 46.5
COLUMN TOTAL	7 16.3	8 18.6	28 65.1	43 100.0

RAW CHI SQ = 2.08657 WITH 2 D.F., SIG. = .3523

MISSING OBSERVATIONS - 30

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MUSCLE INDEX

COUNT / ROW PCT / COL PCT / TOT PCT	0	1.	2.	ROW TOTAL
1.	3 7.9 42.9 4.1	18 47.4 66.7 24.7	17 44.7 43.6 23.3	38 52.1
2.	4 11.4 57.1 5.5	9 25.7 33.3 12.3	22 62.9 56.4 30.1	35 47.9
COLUMN TOTAL	7 9.6	27 37.0	39 53.4	73 100.0

RAW CHI SQ = 3.66679 WITH 2 D.F., SIG. = .1599

TMJ INDEX

COUNT / ROW PCT / COL PCT / TOT PCT		0	1.	2.	ROW TOTAL
1.	COUNT	4	17	17	38
	ROW PCT	10.5	44.7	44.7	52.1
	COL PCT	66.7	56.7	45.9	
	TOT PCT	5.5	23.3	23.3	
2.	COUNT	2	13	20	35
	ROW PCT	5.7	37.1	57.1	47.9
	COL PCT	33.3	43.3	54.1	
	TOT PCT	2.7	17.8	27.4	
COLUMN TOTAL		6	30	37	73
		8.2	41.1	50.7	100.0

RAW CHI SQ = 1.32219 WITH 2 D.F., SIG. = .5163

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TEETH INDEX

COUNT / ROW PCT / COL PCT / TOT PCT		0	1.	2.	ROW TOTAL
1.	COUNT	7	8	21	36
	ROW PCT	19.4	22.2	58.3	51.4
	COL PCT	53.8	66.7	46.7	
	TOT PCT	10.0	11.4	30.0	
2.	COUNT	6	4	24	34
	ROW PCT	17.6	11.8	70.6	48.6
	COL PCT	46.2	33.3	53.3	
	TOT PCT	8.6	5.7	34.3	
COLUMN TOTAL		13	12	45	70
		18.6	17.1	64.3	100.0

RAW CHI SQ = 1.55438 WITH 2 D.F., SIG. = .4597

MISSING OBSERVATIONS - 3

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CLINICAL INDEX

COUNT / ROW PCT / COL PCT / TOT PCT		0	1.	2.	ROW TOTAL
1.	COUNT	1	22	15	38
	ROW PCT	2.6	57.9	39.5	52.1
	COL PCT	100.0	53.7	48.4	
	TOT PCT	1.4	30.1	20.5	
2.	COUNT	0	19	16	35
	ROW PCT	0	54.3	45.7	47.9
	COL PCT	0	46.3	51.6	
	TOT PCT	0	26.0	21.9	
COLUMN TOTAL		1	41	31	73
		1.4	56.2	42.5	100.0

RAW CHI SQ = 1.13039 WITH 2 D.F., SIG. = .5682

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ANAMNESTIC INDEX

COUNT / ROW PCT / COL PCT / TOT PCT	0	2.	ROW TOTAL
1.	2 5.3 100.0 2.7	36 94.7 50.7 49.3	38 52.1
2.	0 0 0 0	35 100.0 49.3 47.9	35 47.9
COLUMN TOTAL	2 2.7	71 97.3	73 100.0

CORRECTED CHI SQ = .43378 1 D.F., SIG. = .5101
RAW CHI SQ = 1.89400 1 D.F., SIG. = .1688

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COUNTRY

COUNT / ROW PCT / COL PCT / TOT PCT	1.	2.	3.	4.	6.	ROW TOTAL
1.	27 71.1 55.1 37.0	5 13.2 45.5 6.8	0 0 0 0	2 5.3 100.0 2.7	4 10.5 40.0 5.5	38 52.1
2.	22 62.9 44.9 30.1	6 17.1 54.5 8.2	1 2.9 100.0 1.4	0 0 0 0	6 17.1 60.0 8.2	35 47.9
COLUMN TOTAL	49 67.1	11 15.1	1 1.4	2 2.7	10 13.7	73 100.0

RAW CHI SQ = 3.88439 WITH 4 D.F., SIG. = .4219

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TOTAL TEETH INDEX

COUNT / ROW PCT / COL PCT / TOT PCT	1.	2.	ROW TOTAL
1.	3 8.3 100.0 4.3	33 91.7 49.3 47.1	36 51.4
2.	0 0 0 0	34 100.0 50.7 48.6	34 48.6
COLUMN TOTAL	3 4.3	67 95.7	70 100.0

CORRECTED CHI SQ = 1.27723 1 D.F., SIG. = .2584
RAW CHI SQ = 2.96020 1 D.F., SIG. = .0853

MISSING OBSERVATIONS - 3

COUNT / ROW PCT / COL PCT / TOT PCT	OCCUPATION 1.	2.	3.	5.	7.	ROW TOTAL
1.	0	18	2	4	5	38
	0	47.4	5.3	10.5	13.2	52.1
	0	69.2	28.6	66.7	45.5	
	0	24.7	2.7	5.5	6.8	
2.	2	8	5	2	6	35
	5.7	22.9	14.3	5.7	17.1	47.9
	100.0	30.8	71.4	33.3	54.5	
	2.7	11.0	6.8	2.7	8.2	
COLUMN TOTAL	2	26	7	6	11	73
	2.7	35.6	9.6	8.2	15.1	100.0

COUNT / ROW PCT / COL PCT / TOT PCT	OCCUPATION 8.	9.	ROW TOTAL
1.	4	5	38
	10.5	13.2	52.1
	44.4	41.7	
	5.5	6.8	
2.	5	7	35
	14.3	20.0	47.9
	55.6	58.3	
	6.8	9.6	
COLUMN TOTAL	9	12	73
	12.3	16.4	100.0

RAW CHI SQ = 8.22449 WITH 6 D.F., SIG. = .2221

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COUNT / ROW PCT / COL PCT / TOT PCT	INITIAL TREATMENT 1.	4.	7.	ROW TOTAL
1.	34	0	2	36
	94.4	0	5.6	51.4
	53.1	0	40.0	
	48.6	0	2.9	
2.	30	1	3	34
	88.2	2.9	8.8	48.6
	46.9	100.0	60.0	
	42.9	1.4	4.3	
COLUMN TOTAL	64	1	5	70
	91.4	1.4	7.1	100.0

RAW CHI SQ = 1.39400 WITH 2 D.F., SIG. = .4981

MISSING OBSERVATIONS - 3

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MANN WHITNEY U TEST

THERE WERE NO SIGNIFICANT
DIFFERENCES BETWEEN THE
TWO GROUPS FOR ANY OF THE
PSYCHOLOGICAL FACTORS

APPENDIX V

PART B

SECTION 4

(Pages B.4.51 to B.4.68).

4. This section describes statistical analysis between the groups who were made up of all the patients (male, female, public or private) who had TMJ Dysfunction and who were classified as having either:

(a) Muscle Index of $\overline{0}$ or $\overline{I}$ (Group 1), or
(b) Muscle Index of $\overline{II}$ (Group 2).

T - T E S T

VARIABLE	NUMBER OF CASES	MEAN	STANDARD DEVIATION	STANDARD ERROR
AGE				
GROUP 1	46	40.9565	20.308	2.994
GROUP 2	57	39.7544	19.434	2.574

		POOLED VARIANCE ESTIMATE			SEPARATE VARIANCE ESTIMATE		
F VALUE	2-TAIL PROB.	T VALUE	DEGREES OF FREEDOM	2-TAIL PROB.	T VALUE	DEGREES OF FREEDOM	2-TAIL PROB.
1.09	0.749	0.31	101	0.760	0.30	94.58	0.761

VARIABLE	NUMBER OF CASES	MEAN	STANDARD DEVIATION	STANDARD ERROR
ANAMNESTIC INDEX				
GROUP 1	46	1.9565	0.295	0.043
GROUP 2	57	1.9649	0.265	0.035

		POOLED VARIANCE ESTIMATE			SEPARATE VARIANCE ESTIMATE		
F VALUE	2-TAIL PROB.	T VALUE	DEGREES OF FREEDOM	2-TAIL PROB.	T VALUE	DEGREES OF FREEDOM	2-TAIL PROB.
1.24	0.444	-0.15	101	0.880	-0.15	91.51	0.881

VARIABLE	NUMBER OF CASES	MEAN	STANDARD DEVIATION	STANDARD ERROR
CLINICAL INDEX				
GROUP 1	46	1.0217	0.257	0.038
GROUP 2	57	1.7193	0.453	0.060

		POOLED VARIANCE ESTIMATE			SEPARATE VARIANCE ESTIMATE		
F VALUE	2-TAIL PROB.	T VALUE	DEGREES OF FREEDOM	2-TAIL PROB.	T VALUE	DEGREES OF FREEDOM	2-TAIL PROB.
3.11	0.000	-9.29	101	0.000	-9.82	91.48	0.000

VARIABLE	NUMBER OF CASES	MEAN	STANDARD DEVIATION	STANDARD ERROR
TMJ INDEX				
GROUP 1	46	1.2174	0.593	0.087
GROUP 2	57	1.6316	0.587	0.078

		POOLED VARIANCE ESTIMATE			SEPARATE VARIANCE ESTIMATE		
F VALUE	2-TAIL PROB.	T VALUE	DEGREES OF FREEDOM	2-TAIL PROB.	T VALUE	DEGREES OF FREEDOM	2-TAIL PROB.
1.02	0.930	-3.55	101	0.001	-3.54	96.01	0.001

VARIABLE	NUMBER OF CASES	MEAN	STANDARD DEVIATION	STANDARD ERROR
PAIN DURATION				
GROUP 1	32	10.4688	15.125	2.674
GROUP 2	50	15.4800	20.692	2.926

		POOLED VARIANCE ESTIMATE			SEPARATE VARIANCE ESTIMATE		
F VALUE	2-TAIL PROB.	T VALUE	DEGREES OF FREEDOM	2-TAIL PROB.	T VALUE	DEGREES OF FREEDOM	2-TAIL PROB.
1.87	0.066	-1.18	80	0.241	-1.26	78.49	0.210

VARIABLE	NUMBER OF CASES	MEAN	STANDARD DEVIATION	STANDARD ERROR
NUMBER OF NATURAL TEETH				
GROUP 1	46	19.8043	11.722	1.728
GROUP 2	57	18.7018	11.161	1.478

		POOLED VARIANCE ESTIMATE			SEPARATE VARIANCE ESTIMATE		
F VALUE	2-TAIL PROB.	T VALUE	DEGREES OF FREEDOM	2-TAIL PROB.	T VALUE	DEGREES OF FREEDOM	2-TAIL PROB.
1.10	0.722	0.49	101	0.627	0.48	94.35	0.629

VARIABLE	NUMBER OF CASES	MEAN	STANDARD DEVIATION	STANDARD ERROR
TEETH INDEX				
GROUP 1	46	1.4348	0.834	0.123
GROUP 2	57	1.4211	0.823	0.109

		* POOLED VARIANCE ESTIMATE			* SEPARATE VARIANCE ESTIMATE		
F VALUE	2-TAIL PROB.	* T VALUE	DEGREES OF FREEDOM	2-TAIL PROB.	* T VALUE	DEGREES OF FREEDOM	2-TAIL PROB.
1.03	0.914	* 0.08	101	0.933	* 0.08	95.90	0.934

VARIABLE	NUMBER OF CASES	MEAN	STANDARD DEVIATION	STANDARD ERROR
CONTACTS				
GROUP 1	44	25.4318	5.943	0.896
GROUP 2	56	23.7500	6.791	0.907

		* POOLED VARIANCE ESTIMATE			* SEPARATE VARIANCE ESTIMATE		
F VALUE	2-TAIL PROB.	* T VALUE	DEGREES OF FREEDOM	2-TAIL PROB.	* T VALUE	DEGREES OF FREEDOM	2-TAIL PROB.
1.31	0.366	* 1.30	98	0.197	* 1.32	96.82	0.190

VARIABLE	NUMBER OF CASES	MEAN	STANDARD DEVIATION	STANDARD ERROR
TREATMENT TIME				
GROUP 1	36	2.0556	1.264	0.211
GROUP 2	46	2.0000	1.606	0.237

		* POOLED VARIANCE ESTIMATE			* SEPARATE VARIANCE ESTIMATE		
F VALUE	2-TAIL PROB.	* T VALUE	DEGREES OF FREEDOM	2-TAIL PROB.	* T VALUE	DEGREES OF FREEDOM	2-TAIL PROB.
1.61	0.145	* 0.17	80	0.865	* 0.18	79.99	0.861

VARIABLE	NUMBER OF CASES	MEAN	STANDARD DEVIATION	STANDARD ERROR
TIME ELAPSED				
GROUP 1	36	8.0000	3.117	0.519
GROUP 2	45	8.0000	2.868	0.428

		* POOLED VARIANCE ESTIMATE			* SEPARATE VARIANCE ESTIMATE		
F VALUE	2-TAIL PROB.	* T VALUE	DEGREES OF FREEDOM	2-TAIL PROB.	* T VALUE	DEGREES OF FREEDOM	2-TAIL PROB.
1.18	0.597	* 0.00	79	1.000	* 0.00	72.15	1.000

VARIABLE	NUMBER OF CASES	MEAN	STANDARD DEVIATION	STANDARD ERROR
GENERAL HYPOCHONDRIASIS				
GROUP 1	46	1.3913	1.639	0.242
GROUP 2	57	1.5614	1.783	0.236

		* POOLED VARIANCE ESTIMATE			* SEPARATE VARIANCE ESTIMATE		
F VALUE	2-TAIL PROB.	* T VALUE	DEGREES OF FREEDOM	2-TAIL PROB.	* T VALUE	DEGREES OF FREEDOM	2-TAIL PROB.
1.18	0.564	* -0.50	101	0.619	* -0.50	99.25	0.616

VARIABLE	NUMBER OF CASES	MEAN	STANDARD DEVIATION	STANDARD ERROR
DISEASE CONVICTION				
GROUP 1	46	1.7609	1.353	0.199
GROUP 2	57	2.2105	1.612	0.213

		* POOLED VARIANCE ESTIMATE			* SEPARATE VARIANCE ESTIMATE		
F VALUE	2-TAIL PROB.	* T VALUE	DEGREES OF FREEDOM	2-TAIL PROB.	* T VALUE	DEGREES OF FREEDOM	2-TAIL PROB.
1.42	0.227	* -1.51	101	0.134	* -1.54	100.83	0.127

VARIABLE	NUMBER OF CASES	MEAN	STANDARD DEVIATION	STANDARD ERROR
PSYCHOLOGICAL V SOMATIC FOCUS				
GROUP 1	46	1.9348	0.854	0.126
GROUP 2	57	1.4211	0.905	0.120

F VALUE	2-TAIL PROB.	POOLED VARIANCE ESTIMATE: T VALUE	DEGREES OF FREEDOM	2-TAIL PROB.	SEPARATE VARIANCE ESTIMATE: T VALUE	DEGREES OF FREEDOM	2-TAIL PROB.
1.12	0.689	2.94	101	0.004	2.95	98.53	0.004

VARIABLE	NUMBER OF CASES	MEAN	STANDARD DEVIATION	STANDARD ERROR
AFFECTIVE INHIBITION				
GROUP 1	46	2.5652	1.544	0.228
GROUP 2	57	2.1754	1.560	0.207

F VALUE	2-TAIL PROB.	POOLED VARIANCE ESTIMATE: T VALUE	DEGREES OF FREEDOM	2-TAIL PROB.	SEPARATE VARIANCE ESTIMATE: T VALUE	DEGREES OF FREEDOM	2-TAIL PROB.
1.02	0.952	1.27	101	0.208	1.27	96.85	0.208

VARIABLE	NUMBER OF CASES	MEAN	STANDARD DEVIATION	STANDARD ERROR
AFFECTIVE DISTURBANCE				
GROUP 1	46	2.2391	1.622	0.239
GROUP 2	57	2.4386	1.626	0.215

F VALUE	2-TAIL PROB.	POOLED VARIANCE ESTIMATE: T VALUE	DEGREES OF FREEDOM	2-TAIL PROB.	SEPARATE VARIANCE ESTIMATE: T VALUE	DEGREES OF FREEDOM	2-TAIL PROB.
1.00	0.994	-0.62	101	0.537	-0.62	96.56	0.537

VARIABLE	NUMBER OF CASES	MEAN	STANDARD DEVIATION	STANDARD ERROR
DENIAL				
GROUP 1	46	2.7174	1.695	0.250
GROUP 2	57	3.4386	1.476	0.196

		POOLED VARIANCE ESTIMATE			SEPARATE VARIANCE ESTIMATE		
F VALUE	2-TAIL PROB.	T VALUE	DEGREES OF FREEDOM	2-TAIL PROB.	T VALUE	DEGREES OF FREEDOM	2-TAIL PROB.
1.32	0.324	-2.31	101	0.023	-2.27	89.88	0.025

VARIABLE	NUMBER OF CASES	MEAN	STANDARD DEVIATION	STANDARD ERROR
IRRITABILITY				
GROUP 1	46	1.9565	1.490	0.220
GROUP 2	57	2.0877	1.725	0.228

		POOLED VARIANCE ESTIMATE			SEPARATE VARIANCE ESTIMATE		
F VALUE	2-TAIL PROB.	T VALUE	DEGREES OF FREEDOM	2-TAIL PROB.	T VALUE	DEGREES OF FREEDOM	2-TAIL PROB.
1.34	0.312	-0.41	101	0.684	-0.41	100.50	0.680

VARIABLE	NUMBER OF CASES	MEAN	STANDARD DEVIATION	STANDARD ERROR
AFFECTIVE STATE				
GROUP 1	46	5.5870	3.324	0.490
GROUP 2	57	6.0877	3.956	0.524

		POOLED VARIANCE ESTIMATE			SEPARATE VARIANCE ESTIMATE		
F VALUE	2-TAIL PROB.	T VALUE	DEGREES OF FREEDOM	2-TAIL PROB.	T VALUE	DEGREES OF FREEDOM	2-TAIL PROB.
1.42	0.229	-0.69	101	0.495	-0.70	100.82	0.487

VARIABLE	NUMBER OF CASES	MEAN	STANDARD DEVIATION	STANDARD ERROR
DISEASE AFFIRMATION				
GROUP 1	46	4.8261	1.866	0.275
GROUP 2	57	5.7895	2.119	0.281

F VALUE	2-TAIL PROB.	* POOLED VARIANCE ESTIMATE: T VALUE	DEGREES OF FREEDOM	2-TAIL PROB.	* SEPARATE VARIANCE ESTIMATE: T VALUE	DEGREES OF FREEDOM	2-TAIL PROB.
1.29	0.379	* -2.42	101	0.017	* -2.45	100.20	0.016

VARIABLE	NUMBER OF CASES	MEAN	STANDARD DEVIATION	STANDARD ERROR
DISCRIMINANT FUNCTION				
GROUP 1	46	49.0848	13.629	2.009
GROUP 2	57	58.8526	16.052	2.126

F VALUE	2-TAIL PROB.	* POOLED VARIANCE ESTIMATE: T VALUE	DEGREES OF FREEDOM	2-TAIL PROB.	* SEPARATE VARIANCE ESTIMATE: T VALUE	DEGREES OF FREEDOM	2-TAIL PROB.
1.39	0.258	* -3.28	101	0.001	* -3.34	100.72	0.001

VARIABLE	NUMBER OF CASES	MEAN	STANDARD DEVIATION	STANDARD ERROR
WHITELEY INDEX				
GROUP 1	46	2.8261	2.669	0.394
GROUP 2	57	3.7193	3.046	0.403

F VALUE	2-TAIL PROB.	* POOLED VARIANCE ESTIMATE: T VALUE	DEGREES OF FREEDOM	2-TAIL PROB.	* SEPARATE VARIANCE ESTIMATE: T VALUE	DEGREES OF FREEDOM	2-TAIL PROB.
1.30	0.362	* -1.56	101	0.121	* -1.58	100.28	0.116

VARIABLE	NUMBER OF CASES	MEAN	STANDARD DEVIATION	STANDARD ERROR
SPIELBERGER STATE TEST				
GROUP 1	42	38.2143	10.415	1.607
GROUP 2	49	39.3265	12.812	1.830

		* POOLED VARIANCE ESTIMATE			* SEPARATE VARIANCE ESTIMATE		
F VALUE	2-TAIL PROB.	* T VALUE	DEGREES OF FREEDOM	2-TAIL PROB.	* T VALUE	DEGREES OF FREEDOM	2-TAIL PROB.
1.51	0.177	* -0.45	89	0.654	* -0.46	88.77	0.649

VARIABLE	NUMBER OF CASES	MEAN	STANDARD DEVIATION	STANDARD ERROR
SPIELBERGER TRAIT TEST				
GROUP 1	41	39.2683	9.119	1.424
GROUP 2	50	40.1800	11.710	1.656

		* POOLED VARIANCE ESTIMATE			* SEPARATE VARIANCE ESTIMATE		
F VALUE	2-TAIL PROB.	* T VALUE	DEGREES OF FREEDOM	2-TAIL PROB.	* T VALUE	DEGREES OF FREEDOM	2-TAIL PROB.
1.65	0.106	* -0.41	89	0.685	* -0.42	88.79	0.677

VARIABLE	NUMBER OF CASES	MEAN	STANDARD DEVIATION	STANDARD ERROR
ZUNG DEPRESSION TEST				
GROUP 1	37	36.7568	8.153	1.340
GROUP 2	44	38.4091	10.665	1.608

		* POOLED VARIANCE ESTIMATE			* SEPARATE VARIANCE ESTIMATE		
F VALUE	2-TAIL PROB.	* T VALUE	DEGREES OF FREEDOM	2-TAIL PROB.	* T VALUE	DEGREES OF FREEDOM	2-TAIL PROB.
1.71	0.101	* -0.77	79	0.443	* -0.79	78.34	0.432

VARIABLE	NUMBER OF CASES	MEAN	STANDARD DEVIATION	STANDARD ERROR
LIFE EVENTS				
GROUP 1	46	421.8913	355.131	52.361
GROUP 2	56	375.6250	299.390	40.008

		POOLED VARIANCE ESTIMATE			SEPARATE VARIANCE ESTIMATE		
F VALUE	2-TAIL PROB.	T VALUE	DEGREES OF FREEDOM	2-TAIL PROB.	T VALUE	DEGREES OF FREEDOM	2-TAIL PROB.
1.41	0.227	0.71	100	0.477	0.70	88.27	0.484

VARIABLE	NUMBER OF CASES	MEAN	STANDARD DEVIATION	STANDARD ERROR
SERIOUS EVENTS				
GROUP 1	46	321.3478	283.060	41.735
GROUP 2	56	264.7500	244.693	32.699

		POOLED VARIANCE ESTIMATE			SEPARATE VARIANCE ESTIMATE		
F VALUE	2-TAIL PROB.	T VALUE	DEGREES OF FREEDOM	2-TAIL PROB.	T VALUE	DEGREES OF FREEDOM	2-TAIL PROB.
1.34	0.302	1.09	100	0.277	1.08	89.58	0.284

[illegible]

0.00000	1	1.0000	12.951	NONE
0.00046	1	0.9829	(BEFORE YATES CORRECTION)	

NUMBER OF MISSING OBSERVATIONS = 73

RADIOGRAPHIC INDEX

COUNT	0.0	1.00	2.00	99.00	ROW TOTAL
1.00	8	4	14	20	46 44.7
2.00	5	4	20	28	57 55.3
COLUMN TOTAL	13 12.6	8 7.8	34 33.0	48 46.6	103 100.0

CHI-SQUARE	D.F.	SIGNIFICANCE	MIN E.F.	CELLS WITH E.F.< 5
1.93174	3	0.5867	3.573	2 OF 8 (25.0%)

NUMBER OF MISSING OBSERVATIONS = 73

TMJ INDEX

COUNT	0.0	1.00	2.00	ROW TOTAL
1.00	4	28	14	46 44.7
2.00	3	15	39	57 55.3
COLUMN TOTAL	7 6.8	43 41.7	53 51.5	103 100.0

CHI-SQUARE	D.F.	SIGNIFICANCE	MIN E.F.	CELLS WITH E.F.< 5
14.86027	2	0.0006	3.126	2 OF 6 (33.3%)

NUMBER OF MISSING OBSERVATIONS = 73

TEETH INDEX

COUNT	0.0	1.00	2.00	ROW TOTAL
1.00	10	6	30	46 44.7
2.00	12	9	36	57 55.3
COLUMN TOTAL	22 21.4	15 14.6	66 64.1	103 100.0

CHI-SQUARE	D.F.	SIGNIFICANCE	MIN E.F.	CELLS WITH E.F.< 5
0.15427	2	0.9258	6.699	NONE

NUMBER OF MISSING OBSERVATIONS = 73

CLINICAL INDEX

COUNT	0.0	1.00	2.00	ROW TOTAL
1.00	1	43	2	46 44.7
2.00		16	41	57 55.3
COLUMN TOTAL	1 1.0	59 57.3	43 41.7	103 100.0

CHI-SQUARE	D.F.	SIGNIFICANCE	MIN E.F.	CELLS WITH E.F.< 5
48.10189	2	0.0000	0.447	2 OF 6 (33.3%)

NUMBER OF MISSING OBSERVATIONS = 73

ANAMNESTIC INDEX

COUNT	0.0	2.00	ROW TOTAL
1.00	1	45	46 44.7
2.00	1	56	57 55.3
COLUMN TOTAL	2 1.9	101 98.1	103 100.0

CHI-SQUARE	D.F.	SIGNIFICANCE	MIN E.F.	CELLS WITH E.F.< 5
0.00000 0.02353	1 1	1.0000 0.8731	0.893	2 OF 4 (50.0%)

(BEFORE YATES CORRECTION)

NUMBER OF MISSING OBSERVATIONS = 73

COUNTRY

COUNT	1	2	3	4	6	ROW TOTAL
1.00	30	7	1	1	7	46 44.7
2.00	34	15	1	1	6	57 55.3
COLUMN TOTAL	64 62.1	22 21.4	2 1.9	2 1.9	13 12.6	103 100.0

CHI-SQUARE	D.F.	SIGNIFICANCE	MIN E.F.	CELLS WITH E.F.< 5
2.08504	4	0.7201	0.893	4 OF 10 (40.0%)

NUMBER OF MISSING OBSERVATIONS = 73

- -

TOTAL TEETH INDEX

COUNT	0.0	1.00	2.00	ROW TOTAL
1.00	1	2	42	45 44.6
2.00		2	54	56 55.4
COLUMN TOTAL	1 1.0	4 4.0	96 95.0	101 100.0

CHI-SQUARE	D.F.	SIGNIFICANCE	MIN E.F.	CELLS WITH E.F.< 5
1.31761	2	0.5175	0.446	4 OF 6 (66.7%)

NUMBER OF MISSING OBSERVATIONS = 75

- -

8.4.63

OCCUPATION

	1	2	3	5	6	7	8	9	ROW TOTAL
		17	5	4	1	7	7	5	44
	4	16	9	2		7	5	14	55
	4 3.9	33 32.0	14 13.6	6 5.8	1 1.0	14 13.6	12 11.7	19 18.4	1 100

CHI-SQUARE	D.F.	SIGNIFICANCE	MIN E.F.	CELLS WITH E.F.< 5
10.37995	7	0.1680	0.447	6 OF 16 (37.5%)

NUMBER OF MISSING OBSERVATIONS = 73

- -

COUNT	CURED 0.0	1.00	ROW TOTAL
1.00	21	13	34 45.9
2.00	18	22	40 54.1
COLUMN TOTAL	39 52.7	35 47.3	74 100.0

CHI-SQUARE	D.F.	SIGNIFICANCE	MIN E.F.	CELLS WITH E.F.< 5
1.45421	1	0.2279	16.081	NONE
2.07219	1	0.1500	(BEFORE YATES CORRECTION)	

NUMBER OF MISSING OBSERVATIONS = 102

- -

COUNT	INITIAL TREATMENT 1	3	4	7	ROW TOTAL
1.00	34			2	36 45.6
2.00	37	2	1	3	43 54.4
COLUMN TOTAL	71 89.9	2 2.5	1 1.3	5 6.3	79 100.0

CHI-SQUARE	D.F.	SIGNIFICANCE	MIN E.F.	CELLS WITH E.F.< 5
2.72793	3	0.4355	0.456	6 OF 8 (75.0%)

NUMBER OF MISSING OBSERVATIONS = 97

MANN WHITNEY U TEST

SERIOUS EVENTS

MEAN RANK	CASES	
54.74	46	GPF = 1.00
48.34	56	GPF = 2.00
	102	TOTAL

U	W	CORRECTED FOR TIES Z	2-TAILED P
1139.0	2518.0	-1.0034	0.3157

LIFE EVENTS

MEAN RANK	CASES	
53.13	46	GPF = 1.00
50.12	56	GPF = 2.00
	102	TOTAL

U	W	CORRECTED FOR TIES Z	2-TAILED P
1210.5	2446.5	-0.5214	0.6021

ZUNG DEPRESSION SCORE

MEAN RANK	CASES	
40.23	37	GPF = 1.00
41.65	44	GPF = 2.00
	81	TOTAL

U	W	CORRECTED FOR TIES Z	2-TAILED P
785.5	1488.5	-0.2704	0.7868

SPIELBERGER TRAIT SCORE

MEAN RANK	CASES	
45.34	41	GPF = 1.00
46.54	50	GPF = 2.00
	91	TOTAL

U	W	CORRECTED FOR TIES Z	2-TAILED P
998.0	1859.0	-0.2156	0.8293

SPIELBERGER STATE SCORE

MEAN RANK	CASES	
45.56	42	GPF = 1.00
46.38	49	GPF = 2.00
	91	TOTAL

U	W	CORRECTED FOR TIES Z	2-TAILED P
1010.5	1913.5	-0.1475	0.8828

3.4.66

WHITELEY INDEX

MEAN RANK	CASES	
46.52	46	GPF = 1.00
56.42	57	GPF = 2.00
	103	TOTAL

U	W	CORRECTED FOR TIES Z	2-TAILED P
1059.0	2140.0	-1.6886	0.0913

DISCRIMINANT FUNCTION

MEAN RANK	CASES	
42.40	46	GPF = 1.00
59.75	57	GPF = 2.00
	103	TOTAL

U	W	CORRECTED FOR TIES Z	2-TAILED P
869.5	1950.5	-2.9291	0.0034

DISEASE AFFIRMATION

MEAN RANK	CASES	
44.80	46	GPF = 1.00
57.81	57	GPF = 2.00
	103	TOTAL

U	W	CORRECTED FOR TIES Z	2-TAILED P
980.0	2061.0	-2.2240	0.0261

AFFECTIVE STATE

MEAN RANK	CASES	
50.68	46	GPF = 1.00
53.06	57	GPF = 2.00
	103	TOTAL

U	W	CORRECTED FOR TIES Z	2-TAILED P
1250.5	2331.5	-0.4034	0.6867

GENERAL HYPOCHONDRIASIS

MEAN RANK	CASES	
51.16	46	GPF = 1.00
52.68	57	GPF = 2.00
	103	TOTAL

U	W	CORRECTED FOR TIES Z	2-TAILED P
1272.5	2353.5	-0.2652	0.7908

```
          DISEASE CONVICTION

     MEAN RANK     CASES

       47.79         46   GPF = 1.00
       55.39         57   GPF = 2.00
                    ---
                    103   TOTAL

                                         CORRECTED FOR TIES
        U                W                   Z          2-TAILED P
     1117.5            2198.5            -1.3165          0.1880
---------------------------------------------------------------------
          PSYCHOLOGICAL V SOMATIC FOCUSING

     MEAN RANK     CASES

       60.89         46   GPF = 1.00
       44.82         57   GPF = 2.00
                    ---
                    103   TOTAL

                                         CORRECTED FOR TIES
        U                W                   Z          2-TAILED P
      902.0            2801.0            -2.9000          0.0037
---------------------------------------------------------------------
          AFFECTIVE INHIBITION

     MEAN RANK     CASES

       56.14         46   GPF = 1.00
       48.66         57   GPF = 2.00
                    ---
                    103   TOTAL

                                         CORRECTED FOR TIES
        U                W                   Z          2-TAILED P
     1120.5            2582.5            -1.2353          0.1987
---------------------------------------------------------------------
          AFFECTIVE DISTURBANCE

     MEAN RANK     CASES

       50.10         46   GPF = 1.00
       53.54         57   GPF = 2.00
                    ---
                    103   TOTAL

                                         CORRECTED FOR TIES
        U                W                   Z          2-TAILED P
     1223.5            2304.5            -0.5915          0.5542
---------------------------------------------------------------------
          DENIAL

     MEAN RANK     CASES

       45.01         46   GPF = 1.00
       57.64         57   GPF = 2.00
                    ---
                    103   TOTAL

                                         CORRECTED FOR TIES
        U                W                   Z          2-TAILED P
      989.5            2070.5            -2.1756          0.0296
---------------------------------------------------------------------
```

IRRITABILITY

MEAN RANK	CASES	
51.58	46	GPF = 1.00
52.34	57	GPF = 2.00

	103	TOTAL

U	W	CORRECTED FOR TIES Z	2-TAILED P
1291.5	2372.5	-0.1321	0.8949

APPENDIX V

PART B

SECTION 4

(Pages B.4.69 to B.4.86).

5. This section describes statistical analysis between two groups who were made up of all patients (male, female, public or private) who had TMJ Dysfunction and were classified as having either:

(a) TMJ Index of $\overline{0}$ or $\overline{I}$ (Group 1), or
(b) TMJ Index of $\overline{II}$ (Group 2).

8.4.69

T TEST

VARIABLE	NUMBER OF CASES	MEAN	STANDARD DEVIATION	STANDARD ERROR
AGE				
GROUP 1	50	43.9400	20.812	2.943
GROUP 2	53	36.8491	18.201	2.500

F VALUE	2-TAIL PROB.	T VALUE	DEGREES OF FREEDOM	2-TAIL PROB.	T VALUE	DEGREES OF FREEDOM	2-TAIL PROB.
1.31	.342	1.84	101	.068	1.84	97.43	.069

VARIABLE	NUMBER OF CASES	MEAN	STANDARD DEVIATION	STANDARD ERROR
ANAMNESTIC INDEX				
GROUP 1	50	1.9600	.283	.040
GROUP 2	53	1.9623	.275	.038

		POOLED VARIANCE ESTIMATE			SEPARATE VARIANCE ESTIMATE		
F VALUE	2-TAIL PROB.	T VALUE	DEGREES OF FREEDOM	2-TAIL PROB.	T VALUE	DEGREES OF FREEDOM	2-TAIL PROB.
1.06	.835	-.04	101	.967	-.04	100.22	.967

VARIABLE	NUMBER OF CASES	MEAN	STANDARD DEVIATION	STANDARD ERROR
CLINICAL INDEX				
GROUP 1	50	1.0200	.247	.035
GROUP 2	53	1.7736	.423	.058

		POOLED VARIANCE ESTIMATE			SEPARATE VARIANCE ESTIMATE		
F VALUE	2-TAIL PROB.	T VALUE	DEGREES OF FREEDOM	2-TAIL PROB.	T VALUE	DEGREES OF FREEDOM	2-TAIL PROB.
2.94	.000	-10.97	101	.000	-11.13	84.63	.000

VARIABLE	NUMBER OF CASES	MEAN	STANDARD DEVIATION	STANDARD ERROR
MUSCLE INDEX				
GROUP 1	50	1.2000	.700	.099
GROUP 2	53	1.7358	.445	.061

F VALUE	2-TAIL PROB.	POOLED VARIANCE ESTIMATE T VALUE	DEGREES OF FREEDOM	2-TAIL PROB.	SEPARATE VARIANCE ESTIMATE T VALUE	DEGREES OF FREEDOM	2-TAIL PROB.
2.47	.002	-4.66	101	.000	-4.61	82.25	.000

VARIABLE	NUMBER OF CASES	MEAN	STANDARD DEVIATION	STANDARD ERROR
PAIN DURATION				
GROUP 1	39	15.9487	21.866	3.501
GROUP 2	43	11.3256	15.397	2.348

F VALUE	2-TAIL PROB.	POOLED VARIANCE ESTIMATE T VALUE	DEGREES OF FREEDOM	2-TAIL PROB.	SEPARATE VARIANCE ESTIMATE T VALUE	DEGREES OF FREEDOM	2-TAIL PROB.
2.02	.028	1.12	80	.268	1.10	67.51	.277

VARIABLE	NUMBER OF CASES	MEAN	STANDARD DEVIATION	STANDARD ERROR
NUMBER OF NATURAL TEETH				
GROUP 1	48	17.8542	11.350	1.710
GROUP 2	52	21.2308	10.424	1.445

F VALUE	2-TAIL PROB.	POOLED VARIANCE ESTIMATE T VALUE	DEGREES OF FREEDOM	2-TAIL PROB.	SEPARATE VARIANCE ESTIMATE T VALUE	DEGREES OF FREEDOM	2-TAIL PROB.
1.29	.370	-1.52	98	.133	-1.51	93.95	.135

VARIABLE	NUMBER OF CASES	MEAN	STANDARD DEVIATION	STANDARD ERROR
TEETH INDEX				
GROUP 1	48	1.3125	.854	.123
GROUP 2	52	1.5962	.748	.104

		POOLED VARIANCE ESTIMATE			SEPARATE VARIANCE ESTIMATE		
F VALUE	2-TAIL PROB.	T VALUE	DEGREES OF FREEDOM	2-TAIL PROB.	T VALUE	DEGREES OF FREEDOM	2-TAIL PROB.
1.31	.351	-1.77	98	.080	-1.76	93.76	.082

VARIABLE	NUMBER OF CASES	MEAN	STANDARD DEVIATION	STANDARD ERROR
CONTACTS				
GROUP 1	48	24.2708	7.184	1.037
GROUP 2	52	24.6923	5.765	.799

		POOLED VARIANCE ESTIMATE			SEPARATE VARIANCE ESTIMATE		
F VALUE	2-TAIL PROB.	T VALUE	DEGREES OF FREEDOM	2-TAIL PROB.	T VALUE	DEGREES OF FREEDOM	2-TAIL PROB.
1.55	.125	-.32	98	.746	-.32	90.14	.748

VARIABLE	NUMBER OF CASES	MEAN	STANDARD DEVIATION	STANDARD ERROR
TREATMENT TIME				
GROUP 1	39	1.8205	1.315	.211
GROUP 2	43	2.2093	1.567	.239

		POOLED VARIANCE ESTIMATE			SEPARATE VARIANCE ESTIMATE		
F VALUE	2-TAIL PROB.	T VALUE	DEGREES OF FREEDOM	2-TAIL PROB.	T VALUE	DEGREES OF FREEDOM	2-TAIL PROB.
1.42	.277	-1.21	80	.230	-1.22	79.55	.226

VARIABLE	NUMBER OF CASES	MEAN	STANDARD DEVIATION	STANDARD ERROR
TIME ELAPSED				
GROUP 1	39	8.2821	2.964	.475
GROUP 2	42	7.7381	2.972	.459

		POOLED VARIANCE ESTIMATE			SEPARATE VARIANCE ESTIMATE		
F VALUE	2-TAIL PROB.	T VALUE	DEGREES OF FREEDOM	2-TAIL PROB.	T VALUE	DEGREES OF FREEDOM	2-TAIL PROB.
1.01	.990	.82	79	.412	.82	78.59	.412

VARIABLE	NUMBER OF CASES	MEAN	STANDARD DEVIATION	STANDARD ERROR
GENERAL HYPOCHONDRIASIS				
GROUP 1	50	1.8800	1.976	.279
GROUP 2	53	1.1132	1.340	.184

		POOLED VARIANCE ESTIMATE			SEPARATE VARIANCE ESTIMATE		
F VALUE	2-TAIL PROB.	T VALUE	DEGREES OF FREEDOM	2-TAIL PROB.	T VALUE	DEGREES OF FREEDOM	2-TAIL PROB.
2.18	.006	2.32	101	.023	2.29	85.56	.024

VARIABLE	NUMBER OF CASES	MEAN	STANDARD DEVIATION	STANDARD ERROR
DISEASE CONVICTION				
GROUP 1	50	2.2800	1.591	.225
GROUP 2	53	1.7547	1.399	.192

		POOLED VARIANCE ESTIMATE			SEPARATE VARIANCE ESTIMATE		
F VALUE	2-TAIL PROB.	T VALUE	DEGREES OF FREEDOM	2-TAIL PROB.	T VALUE	DEGREES OF FREEDOM	2-TAIL PROB.
1.29	.362	1.78	101	.078	1.77	97.61	.079

VARIABLE	NUMBER OF CASES	MEAN	STANDARD DEVIATION	STANDARD ERROR
PSYCHOLOGICAL V SOMATIC FOCUSING				
GROUP 1	50	1.5800	.859	.122
GROUP 2	53	1.7170	.968	.133

		POOLED VARIANCE ESTIMATE			SEPARATE VARIANCE ESTIMATE		
F VALUE	2-TAIL PROB.	T VALUE	DEGREES OF FREEDOM	2-TAIL PROB.	T VALUE	DEGREES OF FREEDOM	2-TAIL PROB.
1.27	.401	-.76	101	.450	-.76	100.63	.449

VARIABLE	NUMBER OF CASES	MEAN	STANDARD DEVIATION	STANDARD ERROR
AFFECTIVE INHIBITION				
GROUP 1	50	2.5000	1.607	.227
GROUP 2	53	2.2075	1.511	.208

		POOLED VARIANCE ESTIMATE			SEPARATE VARIANCE ESTIMATE		
F VALUE	2-TAIL PROB.	T VALUE	DEGREES OF FREEDOM	2-TAIL PROB.	T VALUE	DEGREES OF FREEDOM	2-TAIL PROB.
1.13	.662	.95	101	.343	.95	99.56	.344

VARIABLE	NUMBER OF CASES	MEAN	STANDARD DEVIATION	STANDARD ERROR
AFFECTIVE DISTURBANCE				
GROUP 1	50	2.8400	1.608	.227
GROUP 2	53	1.8868	1.502	.206

		POOLED VARIANCE ESTIMATE			SEPARATE VARIANCE ESTIMATE		
F VALUE	2-TAIL PROB.	T VALUE	DEGREES OF FREEDOM	2-TAIL PROB.	T VALUE	DEGREES OF FREEDOM	2-TAIL PROB.
1.15	.627	3.11	101	.002	3.10	99.40	.002

VARIABLE	NUMBER OF CASES	MEAN	STANDARD DEVIATION	STANDARD ERROR
DENIAL				
GROUP 1	50	3.0600	1.683	.238
GROUP 2	53	3.1698	1.553	.213

		POOLED VARIANCE ESTIMATE			SEPARATE VARIANCE ESTIMATE		
F VALUE	2-TAIL PROB.	T VALUE	DEGREES OF FREEDOM	2-TAIL PROB.	T VALUE	DEGREES OF FREEDOM	2-TAIL PROB.
1.17	.569	-.34	101	.731	-.34	99.09	.732

VARIABLE	NUMBER OF CASES	MEAN	STANDARD DEVIATION	STANDARD ERROR
IRRITABILITY				
GROUP 1	50	2.1300	1.722	.244
GROUP 2	53	1.8868	1.515	.208

		POOLED VARIANCE ESTIMATE			SEPARATE VARIANCE ESTIMATE		
F VALUE	2-TAIL PROB.	T VALUE	DEGREES OF FREEDOM	2-TAIL PROB.	T VALUE	DEGREES OF FREEDOM	2-TAIL PROB.
1.29	.362	.92	101	.360	.92	97.62	.362

VARIABLE	NUMBER OF CASES	MEAN	STANDARD DEVIATION	STANDARD ERROR
AFFECTIVE STATE				
GROUP 1	50	6.9000	3.882	.549
GROUP 2	53	4.8868	3.215	.442

		POOLED VARIANCE ESTIMATE			SEPARATE VARIANCE ESTIMATE		
F VALUE	2-TAIL PROB.	T VALUE	DEGREES OF FREEDOM	2-TAIL PROB.	T VALUE	DEGREES OF FREEDOM	2-TAIL PROB.
1.46	.182	2.87	101	.005	2.86	95.31	.005

VARIABLE	NUMBER OF CASES	MEAN	STANDARD DEVIATION	STANDARD ERROR
DISEASE AFFIRMATION				
GROUP 1	50	5.7000	2.073	.293
GROUP 2	53	5.0377	2.009	.276

		POOLED VARIANCE ESTIMATE			SEPARATE VARIANCE ESTIMATE		
F VALUE	2-TAIL PROB.	T VALUE	DEGREES OF FREEDOM	2-TAIL PROB.	T VALUE	DEGREES OF FREEDOM	2-TAIL PROB.
1.06	.824	1.65	101	.103	1.64	100.19	.103

VARIABLE	NUMBER OF CASES	MEAN	STANDARD DEVIATION	STANDARD ERROR
DISCRIMINANT FUNCTION				
GROUP 1	50	56.5240	14.992	2.120
GROUP 2	53	52.5717	16.291	2.238

		POOLED VARIANCE ESTIMATE			SEPARATE VARIANCE ESTIMATE		
F VALUE	2-TAIL PROB.	T VALUE	DEGREES OF FREEDOM	2-TAIL PROB.	T VALUE	DEGREES OF FREEDOM	2-TAIL PROB.
1.18	.559	1.28	101	.204	1.28	100.94	.203

VARIABLE	NUMBER		STANDARD	STANDARD
WHITELEY INDEX				
GROUP 1	50	3.9600	3.264	.462
GROUP 2	53	2.7170	2.397	.329

		POOLED VARIANCE ESTIMATE			SEPARATE VARIANCE ESTIMATE		
F VALUE	2-TAIL PROB.	T VALUE	DEGREES OF FREEDOM	2-TAIL PROB.	T VALUE	DEGREES OF FREEDOM	2-TAIL PROB.
1.85	.030	2.21	101	.029	2.19	89.68	.031

VARIABLE	NUMBER OF CASES	MEAN	STANDARD DEVIATION	STANDARD ERROR
SPIELBERGER STATE SCORE				
GROUP 1	42	39.5952	12.347	1.905
GROUP 2	50	38.1600	11.120	1.573

		POOLED VARIANCE ESTIMATE			SEPARATE VARIANCE ESTIMATE		
F VALUE	2-TAIL PROB.	T VALUE	DEGREES OF FREEDOM	2-TAIL PROB.	T VALUE	DEGREES OF FREEDOM	2-TAIL PROB.
1.23	.480	.58	90	.565	.57	83.48	.568

VARIABLE	NUMBER OF CASES	MEAN	STANDARD DEVIATION	STANDARD ERROR
SPIELBERGER TRAIT SCORE				
GROUP 1	43	41.2093	11.081	1.690
GROUP 2	48	38.4792	10.040	1.449

		POOLED VARIANCE ESTIMATE			SEPARATE VARIANCE ESTIMATE		
F VALUE	2-TAIL PROB.	T VALUE	DEGREES OF FREEDOM	2-TAIL PROB.	T VALUE	DEGREES OF FREEDOM	2-TAIL PROB.
1.22	.510	1.23	89	.221	1.23	85.28	.223

VARIABLE	NUMBER OF CASES	MEAN	STANDARD DEVIATION	STANDARD ERROR
ZUNG DEPRESSION SCORE				
GROUP 1	36	38.7222	10.449	1.741
GROUP 2	45	36.8000	8.846	1.319

		POOLED VARIANCE ESTIMATE			SEPARATE VARIANCE ESTIMATE		
F VALUE	2-TAIL PROB.	T VALUE	DEGREES OF FREEDOM	2-TAIL PROB.	T VALUE	DEGREES OF FREEDOM	2-TAIL PROB.
1.40	.294	.90	79	.373	.88	68.68	.382

VARIABLE	NUMBER OF CASES	MEAN	STANDARD DEVIATION	STANDARD ERROR
LIFE EVENTS				
GROUP 1	49	350.0409	241.719	34.531
GROUP 2	53	439.4340	383.587	52.690

		POOLED VARIANCE ESTIMATE			SEPARATE VARIANCE ESTIMATE		
F VALUE	2-TAIL PROB.	T VALUE	DEGREES OF FREEDOM	2-TAIL PROB.	T VALUE	DEGREES OF FREEDOM	2-TAIL PROB.
2.52	.002	-1.39	100	.166	-1.42	88.56	.159

VARIABLE	NUMBER OF CASES	MEAN	STANDARD DEVIATION	STANDARD ERROR
SERIOUS EVENTS				
GROUP 1	49	266.6531	213.585	30.512
GROUP 2	53	312.5472	301.847	41.462

		POOLED VARIANCE ESTIMATE			SEPARATE VARIANCE ESTIMATE		
F VALUE	2-TAIL PROB.	T VALUE	DEGREES OF FREEDOM	2-TAIL PROB.	T VALUE	DEGREES OF FREEDOM	2-TAIL PROB.
2.00	.017	-.88	100	.381	-.89	93.78	.375

CHI SQUARE TEST

SEXUAL PROBLEMS

COUNT / ROW PCT / COL PCT / TOT PCT	7.	8.	ROW TOTAL
1.	38 77.6 51.4 37.3	11 22.4 39.3 10.8	49 48.0
2.	36 67.9 48.6 35.3	17 32.1 60.7 16.7	53 52.0
COLUMN TOTAL	74 72.5	28 27.5	102 100.0

CORRECTED CHI SQ = .75066 1 D.F., SIG. = .3863
RAW CHI SQ = 1.18473 1 D.F., SIG. = .2764

MISSING OBSERVATIONS - 1

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RADIOGRAPHIC INDEX

COUNT / ROW PCT / COL PCT / TOT PCT	0	1.	2.	ROW TOTAL
1.	8 25.8 61.5 14.5	4 12.9 50.0 7.3	19 61.3 55.9 34.5	31 56.4
2.	5 20.8 38.5 9.1	4 16.7 50.0 7.3	15 62.5 44.1 27.3	24 43.6
COLUMN TOTAL	13 23.6	8 14.5	34 61.8	55 100.0

RAW CHI SQ = .27647 WITH 2 D.F., SIG. = .8709

MISSING OBSERVATIONS - 48

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MUSCLE INDEX

COUNT / ROW PCT / COL PCT / TOT PCT	0	1.	2.	ROW TOTAL
1.	8 16.0 100.0 7.8	24 48.0 63.2 23.3	18 36.0 31.6 17.5	50 48.5
2.	0 0 0 0	14 26.4 36.8 13.6	39 73.6 68.4 37.9	53 51.5
COLUMN TOTAL	8 7.8	38 36.9	57 55.3	103 100.0

RAW CHI SQ = 18.29656 WITH 2 D.F., SIG. = .0001

TEETH INDEX

COUNT / ROW PCT / COL PCT / TOT PCT	0	1.	2.	ROW TOTAL
1.	12 25.0 60.0 12.0	9 18.8 64.3 9.0	27 56.3 40.9 27.0	48 48.0
2.	8 15.4 40.0 8.0	5 9.6 35.7 5.0	39 75.0 59.1 39.0	52 52.0
COLUMN TOTAL	20 20.0	14 14.0	66 66.0	100 100.0

RAW CHI SQ = 3.97103 WITH 2 D.F., SIG. = .1373

MISSING OBSERVATIONS - 3

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CLINICAL INDEX

COUNT / ROW PCT / COL PCT / TOT PCT	0	1.	2.	ROW TOTAL
1.	1 2.0 100.0 1.0	47 94.0 79.7 45.6	2 4.0 4.7 1.9	50 48.5
2.	0 0 0 0	12 22.6 20.3 11.7	41 77.4 95.3 39.8	53 51.5
COLUMN TOTAL	1 1.0	59 57.3	43 41.7	103 100.0

RAW CHI SQ = 57.09586 WITH 2 D.F., SIG. = .0000

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ANAMNESTIC INDEX

COUNT / ROW PCT / COL PCT / TOT PCT	0	2.	ROW TOTAL
1.	1 2.0 50.0 1.0	49 98.0 48.5 47.6	50 48.5
2.	1 1.9 50.0 1.0	52 98.1 51.5 50.5	53 51.5
COLUMN TOTAL	2 1.9	101 98.1	103 100.0

CORRECTED CHI SQ = 0 1 D.F., SIG. = 1.0000
RAW CHI SQ = .00173 1 D.F., SIG. = .9668

COUNTRY

COUNT / ROW PCT / COL PCT / TOT PCT	1.	2.	3.	4.	6.	ROW TOTAL
1.	33 66.0 51.6 32.0	9 18.0 40.9 8.7	1 2.0 50.0 1.0	0 0 0 0	7 14.0 53.8 6.8	50 48.5
2.	31 58.5 48.4 30.1	13 24.5 59.1 12.6	1 1.9 50.0 1.0	2 3.8 100.0 1.9	6 11.3 46.2 5.8	53 51.5
COLUMN TOTAL	64 62.1	22 21.4	2 1.9	2 1.9	13 12.6	103 100.0

RAW CHI SQ = 2.78168 WITH 4 D.F., SIG. = .5950

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TOTAL TEETH INDEX

COUNT / ROW PCT / COL PCT / TOT PCT	1.	2.	ROW TOTAL
1.	4 8.3 100.0 4.0	44 91.7 45.8 44.0	48 48.0
2.	0 0 0 0	52 100.0 54.2 52.0	52 52.0
COLUMN TOTAL	4 4.0	96 96.0	100 100.0

CORRECTED CHI SQ = 2.60458 1 D.F., SIG. = .1066
RAW CHI SQ = 4.51389 1 D.F., SIG. = .0336

MISSING OBSERVATIONS - 3

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OCCUPATION

COUNT / ROW PCT / COL PCT / TOT PCT	1.	2.	3.	5.	6.	ROW TOTAL
1.	2	20	4	2	0	50
	4.0	40.0	8.0	4.0	0	48.5
	50.0	60.6	28.6	33.3	0	
	1.9	19.4	3.9	1.9	0	
2.	2	13	10	4	1	53
	3.8	24.5	18.9	7.5	1.9	51.5
	50.0	39.4	71.4	66.7	100.0	
	1.9	12.6	9.7	3.9	1.0	
COLUMN TOTAL	4	33	14	6	1	103
	3.9	32.0	13.6	5.8	1.0	100.0

OCCUPATION

COUNT / ROW PCT / COL PCT / TOT PCT	7.	8.	9.	ROW TOTAL
1.	9	5	8	50
	18.0	10.0	16.0	48.5
	64.3	41.7	42.1	
	8.7	4.9	7.8	
2.	5	7	11	53
	9.4	13.2	20.8	51.5
	35.7	58.3	57.9	
	4.9	6.8	10.7	
COLUMN TOTAL	14	12	19	103
	13.6	11.7	18.4	100.0

RAW CHI SQ = 7.59183 WITH 7 D.F., SIG. = .3700

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CURED

COUNT / ROW PCT / COL PCT / TOT PCT	0	1.	ROW TOTAL
1.	21	15	36
	58.3	41.7	49.3
	55.3	42.9	
	28.8	20.5	
2.	17	20	37
	45.9	54.1	50.7
	44.7	57.1	
	23.3	27.4	
COLUMN TOTAL	38	35	73
	52.1	47.9	100.0

CORRECTED CHI SQ = .68041 1 D.F., SIG. = .4094
RAW CHI SQ = 1.12185 1 D.F., SIG. = .2395

MISSING OBSERVATIONS - 30

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INITIAL TREATMENT

COUNT / ROW PCT / COL PCT / TOT PCT	1.	3.	4.	7.	ROW TOTAL
1.	34	1	1	2	38
	89.5	2.6	2.6	5.3	48.1
	47.9	50.0	100.0	40.0	
	43.0	1.3	1.3	2.5	
2.	37	1	0	3	41
	90.2	2.4	0	7.3	51.9
	52.1	50.0	0	60.0	
	46.8	1.3	0	3.8	
COLUMN TOTAL	71	2	1	5	79
	89.9	2.5	1.3	6.3	100.0

RAW CHI SQ = 1.21459 WITH 3 D.F., SIG. = .7495

MISSING OBSERVATIONS - 24

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MANN WHITNEY U TEST

SERIOUS EVENTS

GROUP = 1.		GROUP = 2.	
MEAN RANK	NUMBER	MEAN RANK	NUMBER
50.56	49	52.37	53

		CORRECTED FOR TIES	
U	W	Z	2-TAILED P
1252.5	2477.5	-.3035	.7577

LIFE EVENTS

GROUP = 1.		GROUP = 2.	
MEAN RANK	NUMBER	MEAN RANK	NUMBER
49.21	49	53.61	53

		CORRECTED FOR TIES	
U	W	Z	2-TAILED P
1186.5	2411.5	-.7505	.4529

ZUNG DEPRESSION SCORE

GROUP = 1.		GROUP = 2.	
MEAN RANK	NUMBER	MEAN RANK	NUMBER
43.79	36	38.77	45

		CORRECTED FOR TIES	
U	W	Z	2-TAILED P
709.5	1576.5	.9560	.3391

SPIELBERGER TRAIT SCORE

GROUP = 1.		GROUP = 2.	
MEAN RANK	NUMBER	MEAN RANK	NUMBER
49.48	43	42.89	48

		CORRECTED FOR TIES	
U	W	Z	2-TAILED P
882.5	2127.5	1.1895	.2342

SPIELBERGER STATE SCORE

GROUP = 1.		GROUP = 2.	
MEAN RANK	NUMBER	MEAN RANK	NUMBER
48.05	42	45.20	50

		CORRECTED FOR TIES	
U	W	Z	2-TAILED P
985.0	2018.0	.5101	.6100

WHITELEY INDEX

GROUP	=	1.	GROUP	=	2.
MEAN RANK	NUMBER		MEAN RANK	NUMBER	
57.36	50		46.47	53	

		CORRECTED FOR TIES	
U	W	Z	2-TAILED P
1032.0	2893.0	1.9529	.0503

DISCRIMINANT FUNCTION

GROUP	=	1.	GROUP	=	2.
MEAN RANK	NUMBER		MEAN RANK	NUMBER	
56.70	50		47.57	53	

		CORRECTED FOR TIES	
U	W	Z	2-TAILED P
1090.0	2835.0	1.5508	.1210

DISEASE AFFIRMATION

GROUP	=	1.	GROUP	=	2.
MEAN RANK	NUMBER		MEAN RANK	NUMBER	
57.18	50		47.11	53	

		CORRECTED FOR TIES	
U	W	Z	2-TAILED P
1066.0	2859.0	1.7310	.0834

AFFECTIVE STATE

GROUP	=	1.	GROUP	=	2.
MEAN RANK	NUMBER		MEAN RANK	NUMBER	
60.40	50		44.08	53	

		CORRECTED FOR TIES	
U	W	Z	2-TAILED P
905.0	3020.0	2.7856	.0053

GENERAL HYPOCHONDRIASIS

GROUP	=	1.	GROUP	=	2.
MEAN RANK	NUMBER		MEAN RANK	NUMBER	
58.22	50		46.13	53	

		CORRECTED FOR TIES	
U	W	Z	2-TAILED P
1014.0	2911.0	2.1312	.0331

DISEASE CONVICTION

GROUP = 1.		GROUP = 2.	
MEAN RANK	NUMBER	MEAN RANK	NUMBER
56.80	50	47.47	53

		CORRECTED FOR TIES	
U	W	Z	2-TAILED P
1085.0	2840.0	1.6242	.1043

PSYCHOLOGICAL V SOMATIC FOCUSING

GROUP = 1.		GROUP = 2.	
MEAN RANK	NUMBER	MEAN RANK	NUMBER
49.78	50	54.09	53

		CORRECTED FOR TIES	
U	W	Z	2-TAILED P
1214.0	2489.0	-.7829	.4337

AFFECTIVE INHIBITION

GROUP = 1.		GROUP = 2.	
MEAN RANK	NUMBER	MEAN RANK	NUMBER
54.71	50	49.44	53

		CORRECTED FOR TIES	
U	W	Z	2-TAILED P
1189.5	2735.5	.9094	.3632

AFFECTIVE DISTURBANCE

GROUP = 1.		GROUP = 2.	
MEAN RANK	NUMBER	MEAN RANK	NUMBER
60.89	50	43.61	53

		CORRECTED FOR TIES	
U	W	Z	2-TAILED P
880.5	3044.5	2.9888	.0028

DENIAL

GROUP = 1.		GROUP = 2.	
MEAN RANK	NUMBER	MEAN RANK	NUMBER
51.36	50	52.60	53

		CORRECTED FOR TIES	
U	W	Z	2-TAILED P
1293.0	2568.0	-.2154	.8295

8.4.86

IRRITABILITY

GROUP	=	1.	GROUP	=	2.
MEAN RANK	NUMBER		MEAN RANK	NUMBER	
54.41	50		49.73	53	

U	W	CORRECTED FOR TIES Z	2-TAILED P
1204.5	2720.5	.8122	.4167

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APPENDIX V

PART B

SECTION 4

(Pages B.4.87 to B.4.103).

6. This section describes statistical analysis between two groups who were made up of all patients (male, female, private or public) who had TMJ Dysfunction and who were classified as having either:

(a) Muscle Index of II (Group 1), or
(b) TMJ Index of II (Group 2).

T - TEST

VARIABLE	NUMBER OF CASES	MEAN	STANDARD DEVIATION	STANDARD ERROR
AGE				
GROUP 1	15	33.6000	17.431	4.501
GROUP 2	19	42.0526	21.516	4.936

		*	POOLED VARIANCE ESTIMATE			*	SEPARATE VARIANCE ESTIMATE		
F VALUE	2-TAIL PROB.	*	T VALUE	DEGREES OF FREEDOM	2-TAIL PROB.	*	T VALUE	DEGREES OF FREEDOM	2-TAIL PROB.
1.52	0.429	*	-1.23	32	0.226	*	-1.27	31.96	0.215

VARIABLE	NUMBER OF CASES	MEAN	STANDARD DEVIATION	STANDARD ERROR
ANAMNESTIC INDEX				
GROUP 1	15	1.8667	0.516	0.133
GROUP 2	19	2.0000	0.000	0.000

		*	POOLED VARIANCE ESTIMATE			*	SEPARATE VARIANCE ESTIMATE		
F VALUE	2-TAIL PROB.	*	T VALUE	DEGREES OF FREEDOM	2-TAIL PROB.	*	T VALUE	DEGREES OF FREEDOM	2-TAIL PROB.
0.00	1.000	*	-1.13	32	0.267	*	-1.00	14.00	0.334

VARIABLE	NUMBER OF CASES	MEAN	STANDARD DEVIATION	STANDARD ERROR
CLINICAL INDEX				
GROUP 1	15	1.1333	0.352	0.091
GROUP 2	19	1.1053	0.315	0.072

		*	POOLED VARIANCE ESTIMATE			*	SEPARATE VARIANCE ESTIMATE		
F VALUE	2-TAIL PROB.	*	T VALUE	DEGREES OF FREEDOM	2-TAIL PROB.	*	T VALUE	DEGREES OF FREEDOM	2-TAIL PROB.
1.25	0.652	*	0.24	32	0.808	*	0.24	28.48	0.811

VARIABLE	NUMBER OF CASES	MEAN	STANDARD DEVIATION	STANDARD ERROR
MUSCLE INDEX				
GROUP 1	15	0.9333	0.258	0.067
GROUP 2	19	2.0000	0.000	0.000

		* POOLED VARIANCE ESTIMATE			* SEPARATE VARIANCE ESTIMATE		
F VALUE	2-TAIL PROB.	* T VALUE	DEGREES OF FREEDOM	2-TAIL PROB.	* T VALUE	DEGREES OF FREEDOM	2-TAIL PROB.
0.00	1.000	* -18.03	32	0.000	* -16.00	14.00	0.000

VARIABLE	NUMBER OF CASES	MEAN	STANDARD DEVIATION	STANDARD ERROR
TMJ INDEX				
GROUP 1	15	2.0000	0.000	0.000
GROUP 2	19	0.8421	0.375	0.086

		* POOLED VARIANCE ESTIMATE			* SEPARATE VARIANCE ESTIMATE		
F VALUE	2-TAIL PROB.	* T VALUE	DEGREES OF FREEDOM	2-TAIL PROB.	* T VALUE	DEGREES OF FREEDOM	2-TAIL PROB.
0.00	1.000	* 11.93	32	0.000	* 13.47	18.00	0.000

VARIABLE	NUMBER OF CASES	MEAN	STANDARD DEVIATION	STANDARD ERROR
PAIN DURATION				
GROUP 1	10	8.2000	9.773	3.090
GROUP 2	18	21.0556	25.600	6.034

		* POOLED VARIANCE ESTIMATE			* SEPARATE VARIANCE ESTIMATE		
F VALUE	2-TAIL PROB.	* T VALUE	DEGREES OF FREEDOM	2-TAIL PROB.	* T VALUE	DEGREES OF FREEDOM	2-TAIL PROB.
6.86	0.006	* -1.52	26	0.141	* -1.90	23.97	0.070

VARIABLE	NUMBER OF CASES	MEAN	STANDARD DEVIATION	STANDARD ERROR
NUMBER OF TEETH				
GROUP 1	15	25.5333	7.539	1.947
GROUP 2	19	17.7368	12.224	2.804

		* POOLED VARIANCE ESTIMATE			* SEPARATE VARIANCE ESTIMATE		
F VALUE	2-TAIL PROB.	* T VALUE	DEGREES OF FREEDOM	2-TAIL PROB.	* T VALUE	DEGREES OF FREEDOM	2-TAIL PROB.
2.63	0.072	* 2.16	32	0.038	* 2.28	30.44	0.030

VARIABLE	NUMBER OF CASES	MEAN	STANDARD DEVIATION	STANDARD ERROR
TEETH INDEX				
GROUP 1	15	1.6667	0.516	0.133
GROUP 2	19	1.3158	0.885	0.203

		* POOLED VARIANCE ESTIMATE			* SEPARATE VARIANCE ESTIMATE		
F VALUE	2-TAIL PROB.	* T VALUE	DEGREES OF FREEDOM	2-TAIL PROB.	* T VALUE	DEGREES OF FREEDOM	2-TAIL PROB.
2.94	0.046	* 2.14	32	0.040	* 2.27	29.75	0.031

VARIABLE	NUMBER OF CASES	MEAN	STANDARD DEVIATION	STANDARD ERROR
CONTACTS				
GROUP 1	15	26.7333	2.604	0.672
GROUP 2	19	24.0526	7.771	1.783

		* POOLED VARIANCE ESTIMATE			* SEPARATE VARIANCE ESTIMATE		
F VALUE	2-TAIL PROB.	* T VALUE	DEGREES OF FREEDOM	2-TAIL PROB.	* T VALUE	DEGREES OF FREEDOM	2-TAIL PROB.
8.91	0.000	* 1.28	32	0.211	* 1.41	22.89	0.173

VARIABLE	NUMBER OF CASES	MEAN	STANDARD DEVIATION	STANDARD ERROR
TREATMENT TIME				
GROUP 1	11	2.3636	1.206	0.364
GROUP 2	15	1.6667	1.345	0.347

		* POOLED VARIANCE ESTIMATE			* SEPARATE VARIANCE ESTIMATE		
F VALUE	2-TAIL PROB.	* T VALUE	DEGREES OF FREEDOM	2-TAIL PROB.	* T VALUE	DEGREES OF FREEDOM	2-TAIL PROB.
1.24	0.742	* 1.36	24	0.186	* 1.39	22.93	0.179

VARIABLE	NUMBER OF CASES	MEAN	STANDARD DEVIATION	STANDARD ERROR
TIME ELAPSED				
GROUP 1	11	7.4545	3.387	1.021
GROUP 2	15	8.1333	2.973	0.768

		* POOLED VARIANCE ESTIMATE			* SEPARATE VARIANCE ESTIMATE		
F VALUE	2-TAIL PROB.	* T VALUE	DEGREES OF FREEDOM	2-TAIL PROB.	* T VALUE	DEGREES OF FREEDOM	2-TAIL PROB.
1.30	0.637	* -0.54	24	0.592	* -0.53	19.94	0.601

VARIABLE	NUMBER OF CASES	MEAN	STANDARD DEVIATION	STANDARD ERROR
GENERAL HYPOCHONDRIASIS				
GROUP 1	15	1.0000	1.000	0.258
GROUP 2	19	2.4211	2.063	0.473

		* POOLED VARIANCE ESTIMATE			* SEPARATE VARIANCE ESTIMATE		
F VALUE	2-TAIL PROB.	* T VALUE	DEGREES OF FREEDOM	2-TAIL PROB.	* T VALUE	DEGREES OF FREEDOM	2-TAIL PROB.
4.26	0.009	* -2.44	32	0.020	* -2.64	27.21	0.014

VARIABLE	NUMBER OF CASES	MEAN	STANDARD DEVIATION	STANDARD ERROR
DISEASE CONVICTION				
GROUP 1	15	1.6667	1.447	0.374
GROUP 2	19	3.2105	1.653	0.379

		* POOLED VARIANCE ESTIMATE			* SEPARATE VARIANCE ESTIMATE		
F VALUE	2-TAIL PROB.	* T VALUE	DEGREES OF FREEDOM	2-TAIL PROB.	* T VALUE	DEGREES OF FREEDOM	2-TAIL PROB.
1.30	0.622	* -2.85	32	0.008	* -2.90	31.61	0.007

VARIABLE	NUMBER OF CASES	MEAN	STANDARD DEVIATION	STANDARD ERROR
PSYCHOLOGICAL V SOMATIC FOCUS				
GROUP 1	15	2.0000	1.000	0.258
GROUP 2	19	1.0526	0.705	0.162

		* POOLED VARIANCE ESTIMATE			* SEPARATE VARIANCE ESTIMATE		
F VALUE	2-TAIL PROB.	* T VALUE	DEGREES OF FREEDOM	2-TAIL PROB.	* T VALUE	DEGREES OF FREEDOM	2-TAIL PROB.
2.01	0.164	* 3.24	32	0.003	* 3.11	24.24	0.005

VARIABLE	NUMBER OF CASES	MEAN	STANDARD DEVIATION	STANDARD ERROR
AFFECTIVE INHIBITION				
GROUP 1	15	1.9333	1.624	0.419
GROUP 2	19	2.0526	1.779	0.408

		* POOLED VARIANCE ESTIMATE			* SEPARATE VARIANCE ESTIMATE		
F VALUE	2-TAIL PROB.	* T VALUE	DEGREES OF FREEDOM	2-TAIL PROB.	* T VALUE	DEGREES OF FREEDOM	2-TAIL PROB.
1.20	0.740	* -0.20	32	0.841	* -0.20	31.26	0.840

VARIABLE	NUMBER OF CASES	MEAN	STANDARD DEVIATION	STANDARD ERROR
AFFECTIVE DISTURBANCE				
GROUP 1	15	1.5333	1.407	0.363
GROUP 2	19	3.4737	1.307	0.300

		* POOLED VARIANCE ESTIMATE			* SEPARATE VARIANCE ESTIMATE		
F VALUE	2-TAIL PROB.	* T VALUE	DEGREES OF FREEDOM	2-TAIL PROB.	* T VALUE	DEGREES OF FREEDOM	2-TAIL PROB.
1.16	0.755	* -4.16	32	0.000	* -4.12	29.07	0.000

VARIABLE	NUMBER OF CASES	MEAN	STANDARD DEVIATION	STANDARD ERROR
DENIAL				
GROUP 1	15	2.5333	1.642	0.424
GROUP 2	19	3.4211	1.539	0.353

		* POOLED VARIANCE ESTIMATE			* SEPARATE VARIANCE ESTIMATE		
F VALUE	2-TAIL PROB.	* T VALUE	DEGREES OF FREEDOM	2-TAIL PROB.	* T VALUE	DEGREES OF FREEDOM	2-TAIL PROB.
1.14	0.784	* -1.62	32	0.115	* -1.61	29.22	0.118

VARIABLE	NUMBER OF CASES	MEAN	STANDARD DEVIATION	STANDARD ERROR
IRRITABILITY				
GROUP 1	15	2.2667	1.223	0.316
GROUP 2	19	2.8947	1.792	0.411

		* POOLED VARIANCE ESTIMATE			* SEPARATE VARIANCE ESTIMATE		
F VALUE	2-TAIL PROB.	* T VALUE	DEGREES OF FREEDOM	2-TAIL PROB.	* T VALUE	DEGREES OF FREEDOM	2-TAIL PROB.
2.15	0.152	* -1.16	32	0.255	* -1.21	31.44	0.235

VARIABLE	NUMBER OF CASES	MEAN	STANDARD DEVIATION	STANDARD ERROR
AFFECTIVE STATE				
GROUP 1	15	4.8000	2.908	0.751
GROUP 2	19	8.7895	3.794	0.871

		* POOLED VARIANCE ESTIMATE			* SEPARATE VARIANCE ESTIMATE		
F VALUE	2-TAIL PROB.	* T VALUE	DEGREES OF FREEDOM	2-TAIL PROB.	* T VALUE	DEGREES OF FREEDOM	2-TAIL PROB.
1.70	0.317	* -3.36	32	0.002	* -3.47	31.98	0.002

VARIABLE	NUMBER OF CASES	MEAN	STANDARD DEVIATION	STANDARD ERROR
DISEASE AFFIRMATION				
GROUP 1	15	4.6667	2.127	0.549
GROUP 2	19	7.1579	1.772	0.407

		* POOLED VARIANCE ESTIMATE			* SEPARATE VARIANCE ESTIMATE		
F VALUE	2-TAIL PROB.	* T VALUE	DEGREES OF FREEDOM	2-TAIL PROB.	* T VALUE	DEGREES OF FREEDOM	2-TAIL PROB.
1.44	0.461	* -3.73	32	0.001	* -3.65	27.20	0.001

VARIABLE	NUMBER OF CASES	MEAN	STANDARD DEVIATION	STANDARD ERROR
DISCRIMINANT FUNCTION				
GROUP 1	15	47.8200	17.175	4.435
GROUP 2	19	68.3421	12.182	2.795

		* POOLED VARIANCE ESTIMATE			* SEPARATE VARIANCE ESTIMATE		
F VALUE	2-TAIL PROB.	* T VALUE	DEGREES OF FREEDOM	2-TAIL PROB.	* T VALUE	DEGREES OF FREEDOM	2-TAIL PROB.
1.99	0.171	* -4.08	32	0.000	* -3.92	24.34	0.001

VARIABLE	NUMBER OF CASES	MEAN	STANDARD DEVIATION	STANDARD ERROR
WHITELEY INDEX				
GROUP 1	15	2.5333	2.200	0.568
GROUP 2	19	5.9474	3.100	0.711

		* POOLED VARIANCE ESTIMATE			* SEPARATE VARIANCE ESTIMATE		
F VALUE	2-TAIL PROB.	* T VALUE	DEGREES OF FREEDOM	2-TAIL PROB.	* T VALUE	DEGREES OF FREEDOM	2-TAIL PROB.
1.99	0.198	* -3.60	32	0.001	* -3.75	31.70	0.001

VARIABLE	NUMBER OF CASES	MEAN	STANDARD DEVIATION	STANDARD ERROR
SPIELBERGER STATE TEST				
GROUP 1	15	40.6667	9.810	2.533
GROUP 2	14	45.2143	14.208	3.797

		* POOLED VARIANCE ESTIMATE			* SEPARATE VARIANCE ESTIMATE		
F VALUE	2-TAIL PROB.	* T VALUE	DEGREES OF FREEDOM	2-TAIL PROB.	* T VALUE	DEGREES OF FREEDOM	2-TAIL PROB.
2.10	0.182	* -1.01	27	0.322	* -1.00	22.93	0.330

VARIABLE	NUMBER OF CASES	MEAN	STANDARD DEVIATION	STANDARD ERROR
SPIELBERGER TRAIT TEST				
GROUP 1	15	39.6667	10.939	2.824
GROUP 2	16	45.4375	14.085	3.521

		* POOLED VARIANCE ESTIMATE			* SEPARATE VARIANCE ESTIMATE		
F VALUE	2-TAIL PROB.	T VALUE	DEGREES OF FREEDOM	2-TAIL PROB.	T VALUE	DEGREES OF FREEDOM	2-TAIL PROB.
1.66	0.351	-1.27	29	0.215	-1.28	28.06	0.212

VARIABLE	NUMBER OF CASES	MEAN	STANDARD DEVIATION	STANDARD ERROR
ZUNG DEPRESSION TEST				
GROUP 1	14	37.7857	8.868	2.370
GROUP 2	12	44.6667	12.644	3.650

		* POOLED VARIANCE ESTIMATE			* SEPARATE VARIANCE ESTIMATE		
F VALUE	2-TAIL PROB.	T VALUE	DEGREES OF FREEDOM	2-TAIL PROB.	T VALUE	DEGREES OF FREEDOM	2-TAIL PROB.
2.03	0.224	-1.62	24	0.117	-1.58	19.32	0.130

VARIABLE	NUMBER OF CASES	MEAN	STANDARD DEVIATION	STANDARD ERROR
LIFE EVENTS				
GROUP 1	15	677.5333	455.776	117.681
GROUP 2	18	420.5000	278.844	65.724

		* POOLED VARIANCE ESTIMATE			* SEPARATE VARIANCE ESTIMATE		
F VALUE	2-TAIL PROB.	T VALUE	DEGREES OF FREEDOM	2-TAIL PROB.	T VALUE	DEGREES OF FREEDOM	2-TAIL PROB.
2.67	0.057	1.99	31	0.055	1.91	22.31	0.069

VARIABLE	NUMBER OF CASES	MEAN	STANDARD DEVIATION	STANDARD ERROR
SERIOUS EVENTS				
GROUP 1	15	511.4000	354.517	91.536
GROUP 2	18	305.5556	251.312	59.235

		* POOLED VARIANCE ESTIMATE			* SEPARATE VARIANCE ESTIMATE		
F VALUE	2-TAIL PROB.	T VALUE	DEGREES OF FREEDOM	2-TAIL PROB.	T VALUE	DEGREES OF FREEDOM	2-TAIL PROB.
1.99	0.179	1.95	31	0.061	1.89	24.62	0.071

3.4.96

CHI SQUARE TEST

SEXUAL PROBLEMS

COUNT	7.00	8.00	ROW TOTAL
1.00	8	7	15 19.5
2.00	13	6	19 24.7
3.00	32	11	43 55.8
COLUMN TOTAL	53 68.8	24 31.2	77 100.0

CHI-SQUARE	D.F.	SIGNIFICANCE	MIN E.F.	CELLS WITH E.F.< 5
2.30652	2	0.3156	4.675	1 OF 6 (16.7%)

NUMBER OF MISSING OBSERVATIONS = 99

RADIOGRAPHIC INDEX

COUNT	0.0	1.00	2.00	99.00	ROW TOTAL
1.00	3		4	8	15 19.5
2.00	3		9	7	19 24.7
3.00	2	4	12	25	43 55.8
COLUMN TOTAL	8 10.4	4 5.2	25 32.5	40 51.9	77 100.0

CHI-SQUARE	D.F.	SIGNIFICANCE	MIN E.F.	CELLS WITH E.F.< 5
9.28009	6	0.1584	0.779	7 OF 12 (58.3%)

NUMBER OF MISSING OBSERVATIONS = 99

MUSCLE INDEX

COUNT	0.0	1.00	2.00	ROW TOTAL
1.00	1	14		15 19.5
2.00			19	19 24.7
3.00			43	43 55.8
COLUMN TOTAL	1 1.3	14 18.2	62 80.5	77 100.0

CHI-SQUARE	D.F.	SIGNIFICANCE	MIN E.F.	CELLS WITH E.F.< 5
77.00000	4	0.0000	0.195	5 OF 9 (55.6%)

NUMBER OF MISSING OBSERVATIONS = 99

TMJ INDEX

COUNT	0.0	1.00	2.00	ROW TOTAL
1.00			15	15 19.5
2.00	3	16		19 24.7
3.00			43	43 55.8
COLUMN TOTAL	3 3.9	16 20.3	58 75.3	77 100.0

CHI-SQUARE	D.F.	SIGNIFICANCE	MIN E.F.	CELLS WITH E.F.< 5
77.00001	4	0.0000	0.584	5 OF 9 (55.6%)

NUMBER OF MISSING OBSERVATIONS = 99

TEETH INDEX

COUNT	0.0	1.00	2.00	ROW TOTAL
1.00	1		14	15 19.5
2.00	5	3	11	19 24.7
3.00	9	6	28	43 55.8
COLUMN TOTAL	15 19.5	9 11.7	53 68.8	77 100.0

CHI-SQUARE	D.F.	SIGNIFICANCE	MIN E.F.	CELLS WITH E.F.< 5
5.70649	4	0.2222	1.753	4 OF 9 (44.4%)

NUMBER OF MISSING OBSERVATIONS = 99

CLINICAL INDEX

COUNT	1.00	2.00	ROW TOTAL
1.00	13	2	15 19.5
2.00	17	2	19 24.7
3.00		43	43 55.8
COLUMN TOTAL	30 39.0	47 61.0	77 100.0

CHI-SQUARE	D.F.	SIGNIFICANCE	MIN E.F.	CELLS WITH E.F.< 5
62.18672	2	0.0000	5.844	NONE

NUMBER OF MISSING OBSERVATIONS = 99

ANAMNESTIC INDEX

COUNT	C.0	2.00	ROW TOTAL
1.00	1	14	15 19.5
2.00		19	19 24.7
3.00	1	42	43 55.8
COLUMN TOTAL	2 2.6	75 97.4	77 100.0

CHI-SQUARE	D.F.	SIGNIFICANCE	MIN E.F.	CELLS WITH E.F.< 5
1.50100	2	0.4721	0.390	3 OF 6 (50.0%)

NUMBER OF MISSING OBSERVATIONS = 99

COUNTRY

COUNT	1	2	3	4	6	ROW TOTAL
1.00	8	4		1	2	15 19.5
2.00	10	6	1		2	19 24.7
3.00	26	11	1	1	4	43 55.8
COLUMN TOTAL	44 57.1	21 27.3	2 2.6	2 2.6	8 10.4	77 100.0

CHI-SQUARE	D.F.	SIGNIFICANCE	MIN E.F.	CELLS WITH E.F.< 5
2.92319	8	0.9391	0.390	10 OF 15 (66.7%)

NUMBER OF MISSING OBSERVATIONS = 99

TOTAL TEETH INDEX

COUNT	1.00	2.00	ROW TOTAL
1.00		15	15 19.7
2.00	2	17	19 25.0
3.00		42	42 55.3
COLUMN TOTAL	2 2.6	74 97.4	76 100.0

CHI-SQUARE	D.F.	SIGNIFICANCE	MIN E.F.	CELLS WITH E.F.< 5
6.16216	2	0.0459	0.395	3 OF 6 (50.0%)

NUMBER OF MISSING OBSERVATIONS = 100

8.4.99

OCCUPATION

	2	3	4	5	6	7	8	9	TOT
	2	1		2	1	2	4	2	19
	5	1				4	2	5	24
	13	9	1	2		3	3	10	55
	20 26.0	11 14.3	1 1.3	4 5.2	1 1.3	9 11.7	9 11.7	17 22.1	100

CHI-SQUARE	D.F.	SIGNIFICANCE	MIN E.F.	CELLS WITH E.F.< 5
19.49014	16	0.2441	0.195	22 OF 27 (81.5%)

NUMBER OF MISSING OBSERVATIONS = 99

COUNT	CURED 0.0	1.00	ROW TOTAL
1.00	4	6	10 19.2
2.00	4	9	13 25.0
3.00	14	15	29 55.8
COLUMN TOTAL	22 42.3	30 57.7	52 100.0

CHI-SQUARE	D.F.	SIGNIFICANCE	MIN E.F.	CELLS WITH E.F.< 5
1.15411	2	0.5616	4.231	1 OF 6 (16.7%)

NUMBER OF MISSING OBSERVATIONS = 124

COUNT	INITIAL TREATMENT 1	3	4	7	ROW TOTAL
1.00	11				11 19.6
2.00	12	1	1		14 25.0
3.00	27	1		3	31 55.4
COLUMN TOTAL	50 89.3	2 3.6	1 1.8	3 5.4	56 100.0

CHI-SQUARE	D.F.	SIGNIFICANCE	MIN E.F.	CELLS WITH E.F.< 5
6.50065	6	0.3695	0.196	9 OF 12 (75.0%)

NUMBER OF MISSING OBSERVATIONS = 120

MANN WHITNEY U TEST

SERIOUS EVENTS

MEAN RANK	CASES	
20.60	15	GROUP= 1.00
14.00	18	GROUP= 2.00
	33	TOTAL

U	W	EXACT 2-TAILED P	CORRECTED FOR TIES Z	CORRECTED FOR TIES 2-TAILED P
81.0	309.0	0.0522	-1.9525	0.0509

LIFE EVENTS

MEAN RANK	CASES	
20.47	15	GROUP= 1.00
14.11	18	GROUP= 2.00
	33	TOTAL

U	W	EXACT 2-TAILED P	CORRECTED FOR TIES Z	CORRECTED FOR TIES 2-TAILED P
83.0	307.0	0.0620	-1.8802	0.0601

ZUNG DEPRESSION SCORE

MEAN RANK	CASES	
11.39	14	GROUP= 1.00
15.96	12	GROUP= 2.00
	26	TOTAL

U	W	EXACT 2-TAILED P	CORRECTED FOR TIES Z	CORRECTED FOR TIES 2-TAILED P
54.5	191.5	0.1308	-1.5199	0.1285

SPIELBERGER TRAIT SCORE

MEAN RANK	CASES	
14.07	15	GROUP= 1.00
17.81	16	GROUP= 2.00
	31	TOTAL

U	W	EXACT 2-TAILED P	CORRECTED FOR TIES Z	CORRECTED FOR TIES 2-TAILED P
91.0	211.0	0.2641	-1.1471	0.2513

SPIELBERGER STATE SCORE

MEAN RANK	CASES	
13.30	15	GROUP= 1.00
16.82	14	GROUP= 2.00
	29	TOTAL

U	W	EXACT 2-TAILED P	CORRECTED FOR TIES Z	CORRECTED FOR TIES 2-TAILED P
79.5	235.5	0.2703	-1.1144	0.2651

WHITELEY INDEX

MEAN RANK	CASES	
11.40	15	GROUP= 1.00
22.32	19	GROUP= 2.00

	34	TOTAL

U	W	EXACT 2-TAILED P	CORRECTED FOR TIES Z	2-TAILED P
51.0	171.0	0.0010	-3.2059	0.0013

DISCRIMINANT FUNCTION

MEAN RANK	CASES	
10.93	15	GROUP= 1.00
22.68	19	GROUP= 2.00

	34	TOTAL

U	W	EXACT 2-TAILED P	CORRECTED FOR TIES Z	2-TAILED P
44.0	164.0	0.0004	-3.4175	0.0006

DISEASE AFFIRMATION

MEAN RANK	CASES	
11.03	15	GROUP= 1.00
22.61	19	GROUP= 2.00

	34	TOTAL

U	W	EXACT 2-TAILED P	CORRECTED FOR TIES Z	2-TAILED P
45.5	165.5	0.0004	-3.4020	0.0007

AFFECTIVE STATE

MEAN RANK	CASES	
11.77	15	GROUP= 1.00
22.03	19	GROUP= 2.00

	34	TOTAL

U	W	EXACT 2-TAILED P	CORRECTED FOR TIES Z	2-TAILED P
56.5	176.5	0.0021	-3.0024	0.0027

GENERAL HYPOCHONDRIASIS

MEAN RANK	CASES	
13.33	15	GROUP= 1.00
20.79	19	GROUP= 2.00

	34	TOTAL

U	W	EXACT 2-TAILED P	CORRECTED FOR TIES Z	CORRECTED FOR TIES 2-TAILED P
80.0	200.0	0.0302	-2.2251	0.0261

DISEASE CONVICTION

MEAN RANK	CASES	
12.50	15	GROUP= 1.00
21.45	19	GROUP= 2.00

	34	TOTAL

U	W	EXACT 2-TAILED P	CORRECTED FOR TIES Z	CORRECTED FOR TIES 2-TAILED P
67.5	187.5	0.0030	-2.6573	0.0079

PSYCHOLOGICAL V SOMATIC FOCUSING

MEAN RANK	CASES	
22.70	15	GROUP= 1.00
13.39	19	GROUP= 2.00

	34	TOTAL

U	W	EXACT 2-TAILED P	CORRECTED FOR TIES Z	CORRECTED FOR TIES 2-TAILED P
64.5	340.5	0.0057	-2.8565	0.0043

AFFECTIVE INHIBITION

MEAN RANK	CASES	
17.00	15	GROUP= 1.00
17.89	19	GROUP= 2.00

	34	TOTAL

U	W	EXACT 2-TAILED P	CORRECTED FOR TIES Z	CORRECTED FOR TIES 2-TAILED P
135.0	255.0	0.8107	-0.2655	0.7906

AFFECTIVE DISTURBANCE

MEAN RANK	CASES	
11.03	15	GROUP= 1.00
22.61	19	GROUP= 2.00

	34	TOTAL

U	W	EXACT 2-TAILED P	CORRECTED FOR TIES Z	2-TAILED P
45.5	165.5	0.0004	-3.4750	0.0005

DENIAL

MEAN RANK	CASES	
14.67	15	GROUP= 1.00
19.74	19	GROUP= 2.00

	34	TOTAL

U	W	EXACT 2-TAILED P	CORRECTED FOR TIES Z	2-TAILED P
100.0	220.0	0.1469	-1.5043	0.1325

IRRITABILITY

MEAN RANK	CASES	
15.43	15	GROUP= 1.00
19.13	19	GROUP= 2.00

	34	TOTAL

U	W	EXACT 2-TAILED P	CORRECTED FOR TIES Z	2-TAILED P
111.5	231.5	0.2864	-1.0963	0.2730

APPENDIX V

PART B

SECTION 5

This section describes statistical analysis between groups with various different psychological profiles.

These groups were:

1. All patients (male and female, private and public) who had TMJ Dysfunciton who had either:
   (a) High Life Events score (i.e. above 350 points)(Group 1), or
   (b) Low Life Events score (i.e. below 350 points)(Group 2).

2. All patients (male and female, private and public) who had a High Life Events score (i.e. above 350 points) and who suffered from either:
   (a) TMJ Dysfunction (Group 1), or
   (b) dental pain (i.e. controls) (Group 2).

3. All patients (male and female, private or public) who had a Low Life Events score (i.e. below 350 points) and who suffered from either:
   (a) TMJ Dysfunction (Group 1), or
   (b) dental pain (i.e. controls) (Group 2).

........continued

4. <u>All control patients</u> (i.e. all patients in the study who had dental pain) but who presented with either:
   (a) <u>clinical signs and symptoms</u> of TMJ Dysfunction (Group 1), or
   (b) <u>no clinical symptoms</u> of TMJ Dysfunction (Group 2).

5. <u>All patients</u> (male and female, private and public) who had a <u>high anxiety state</u> (i.e. above 40) score and who suffered from either:
   (a) <u>TMJ Dysfunction</u> (Group 1), or
   (b) dental pain (i.e. <u>controls</u>) (Group 2).

6. <u>All patients</u> (male and female, private and public) who had a <u>low anxiety state</u> score (i.e. below 40) and who suffered from either :
   (a) <u>TMJ Dysfunction</u> (Group 1), or
   (b) dental pain (i.e. <u>controls</u>) (Group 2).

7. <u>All TMJ Dysfunction</u> patients who had either :
   (a) <u>A low anxiety score</u> (i.e. below 40)(Group 1), or
   (b) <u>A high anxiety score</u> (i.e. above 40) (Group 2).

..........continued

8. All TMJ Dysfunction patients who had either:
   (a) Low Zung depression score (i.e. below 40) (Group 1), or
   (b) High Zung depression score (i.e. above 40)(Group 2).

9. All patients who had a low Depression score (i.e. below 40) and who suffered from either:
   (a) TMJ Dysfunction (Group 1), or
   (b) Dental pain (Group 2).

10. All patients who had a high Depression score (i.e. above 40) and who suffered from either:
   (a) TMJ Dysfunction (Group 1), or
   (b) Dental pain (Group 2).

APPENDIX V

PART B

SECTION 5

(Pages B.5.1 to B.5.18).

1. This section describes statistical analysis between two groups of all patients in the study who had TMJ Dysfunction.

The two groups had either:

(a) High Life Events score (i.e. above 350 points) (Group 1), or

(b) Low Life Events score (i.e. below 350 points) (Group 2).

T TEST

VARIABLE	NUMBER OF CASES	MEAN	STANDARD DEVIATION	STANDARD ERROR
AGE				
GROUP 1	49	35.2245	17.705	2.529
GROUP 2	54	44.6889	20.512	2.791

		POOLED VARIANCE ESTIMATE			SEPARATE VARIANCE ESTIMATE		
F VALUE	2-TAIL PROB.	T VALUE	DEGREES OF FREEDOM	2-TAIL PROB.	T VALUE	DEGREES OF FREEDOM	2-TAIL PROB.
1.34	.303	-2.55	101	.012	-2.57	100.76	.012

VARIABLE	NUMBER OF CASES	MEAN	STANDARD DEVIATION	STANDARD ERROR
ANAMNESTIC INDEX				
GROUP 1	49	1.9184	.400	.057
GROUP 2	54	2.0000	0	0

		POOLED VARIANCE ESTIMATE			SEPARATE VARIANCE ESTIMATE		
F VALUE	2-TAIL PROB.	T VALUE	DEGREES OF FREEDOM	2-TAIL PROB.	T VALUE	DEGREES OF FREEDOM	2-TAIL PROB.
0	1.000	-1.50	101	.136	-1.43	48.00	.159

VARIABLE	NUMBER OF CASES	MEAN	STANDARD DEVIATION	STANDARD ERROR
CLINICAL INDEX				
GROUP 1	49	1.3878	.492	.070
GROUP 2	54	1.4259	.536	.073

		POOLED VARIANCE ESTIMATE			SEPARATE VARIANCE ESTIMATE		
F VALUE	2-TAIL PROB.	T VALUE	DEGREES OF FREEDOM	2-TAIL PROB.	T VALUE	DEGREES OF FREEDOM	2-TAIL PROB.
1.18	.555	-.38	101	.708	-.38	100.98	.707

VARIABLE	NUMBER OF CASES	MEAN	STANDARD DEVIATION	STANDARD ERROR
MUSCLE INDEX				
GROUP 1	49	1.4694	.649	.093
GROUP 2	54	1.4815	.637	.087

		POOLED VARIANCE ESTIMATE			SEPARATE VARIANCE ESTIMATE		
F VALUE	2-TAIL PROB.	T VALUE	DEGREES OF FREEDOM	2-TAIL PROB.	T VALUE	DEGREES OF FREEDOM	2-TAIL PROB.
1.04	.890	-.10	101	.924	-.10	99.64	.924

VARIABLE	NUMBER OF CASES	MEAN	STANDARD DEVIATION	STANDARD ERROR
TMJ INDEX				
GROUP 1	49	1.5102	.582	.083
GROUP 2	54	1.3889	.656	.089

		POOLED VARIANCE ESTIMATE			SEPARATE VARIANCE ESTIMATE		
F VALUE	2-TAIL PROB.	T VALUE	DEGREES OF FREEDOM	2-TAIL PROB.	T VALUE	DEGREES OF FREEDOM	2-TAIL PROB.
1.27	.398	.99	101	.325	.99	100.95	.322

VARIABLE	NUMBER OF CASES	MEAN	STANDARD DEVIATION	STANDARD ERROR
PAIN DURATION				
GROUP 1	42	9.5952	12.562	1.938
GROUP 2	40	17.6500	23.074	3.648

		POOLED VARIANCE ESTIMATE			SEPARATE VARIANCE ESTIMATE		
F VALUE	2-TAIL PROB.	T VALUE	DEGREES OF FREEDOM	2-TAIL PROB.	T VALUE	DEGREES OF FREEDOM	2-TAIL PROB.
3.37	.000	-1.98	80	.052	-1.95	59.61	.056

VARIABLE	NUMBER OF CASES	MEAN	STANDARD DEVIATION	STANDARD ERROR
NUMBER OF NATURAL TEETH				
GROUP 1	47	22.4468	9.530	1.390
GROUP 2	53	17.0943	12.037	1.653

		POOLED VARIANCE ESTIMATE			SEPARATE VARIANCE ESTIMATE		
F VALUE	2-TAIL PROB.	T VALUE	DEGREES OF FREEDOM	2-TAIL PROB.	T VALUE	DEGREES OF FREEDOM	2-TAIL PROB.
1.60	.109	2.44	98	.016	2.48	96.81	.015

VARIABLE	NUMBER OF CASES	MEAN	STANDARD DEVIATION	STANDARD ERROR
TEETH INDEX				
GROUP 1	47	1.6596	.668	.098
GROUP 2	53	1.2330	.885	.122

		POOLED VARIANCE ESTIMATE			SEPARATE VARIANCE ESTIMATE		
F VALUE	2-TAIL PROB.	T VALUE	DEGREES OF FREEDOM	2-TAIL PROB.	T VALUE	DEGREES OF FREEDOM	2-TAIL PROB.
1.75	.054	2.38	98	.019	2.42	95.66	.018

VARIABLE	NUMBER OF CASES	MEAN	STANDARD DEVIATION	STANDARD ERROR
CONTACTS				
GROUP 1	47	25.4894	5.348	.780
GROUP 2	53	23.6038	7.233	.994

		POOLED VARIANCE ESTIMATE			SEPARATE VARIANCE ESTIMATE		
F VALUE	2-TAIL PROB.	T VALUE	DEGREES OF FREEDOM	2-TAIL PROB.	T VALUE	DEGREES OF FREEDOM	2-TAIL PROB.
1.83	.039	1.47	98	.146	1.49	95.04	.139

VARIABLE	NUMBER OF CASES	MEAN	STANDARD DEVIATION	STANDARD ERROR
TREATMENT TIME				
GROUP 1	39	1.8974	1.021	.163
GROUP 2	43	2.1395	1.767	.269

		POOLED VARIANCE ESTIMATE			SEPARATE VARIANCE ESTIMATE		
F VALUE	2-TAIL PROB.	T VALUE	DEGREES OF FREEDOM	2-TAIL PROB.	T VALUE	DEGREES OF FREEDOM	2-TAIL PROB.
3.00	.001	-.75	80	.456	-.77	68.36	.445

VARIABLE	NUMBER OF CASES	MEAN	STANDARD DEVIATION	STANDARD ERROR
TIME ELAPSED				
GROUP 1	39	7.4103	2.325	.372
GROUP 2	42	8.5476	3.387	.523

		POOLED VARIANCE ESTIMATE			SEPARATE VARIANCE ESTIMATE		
F VALUE	2-TAIL PROB.	T VALUE	DEGREES OF FREEDOM	2-TAIL PROB.	T VALUE	DEGREES OF FREEDOM	2-TAIL PROB.
2.12	.021	-1.75	79	.084	-1.77	72.91	.081

VARIABLE	NUMBER OF CASES	MEAN	STANDARD DEVIATION	STANDARD ERROR
GENERAL HYPOCHONDRIASIS				
GROUP 1	49	1.6735	1.737	.248
GROUP 2	54	1.3148	1.692	.230

		POOLED VARIANCE ESTIMATE			SEPARATE VARIANCE ESTIMATE		
F VALUE	2-TAIL PROB.	T VALUE	DEGREES OF FREEDOM	2-TAIL PROB.	T VALUE	DEGREES OF FREEDOM	2-TAIL PROB.
1.05	.849	1.06	101	.291	1.06	99.46	.292

VARIABLE	NUMBER OF CASES	MEAN	STANDARD DEVIATION	STANDARD ERROR
DISEASE CONVICTION				
GROUP 1	49	2.3061	1.623	.232
GROUP 2	54	1.7407	1.362	.185

		POOLED VARIANCE ESTIMATE			SEPARATE VARIANCE ESTIMATE		
F VALUE	2-TAIL PROB.	T VALUE	DEGREES OF FREEDOM	2-TAIL PROB.	T VALUE	DEGREES OF FREEDOM	2-TAIL PROB.
1.42	.215	1.92	101	.058	1.90	94.15	.060

VARIABLE	NUMBER OF CASES	MEAN	STANDARD DEVIATION	STANDARD ERROR
PSYCHOLOGICAL V SOMATIC FOCUSING				
GROUP 1	49	1.7959	.979	.140
GROUP 2	54	1.5185	.841	.114

		POOLED VARIANCE ESTIMATE			SEPARATE VARIANCE ESTIMATE		
F VALUE	2-TAIL PROB.	T VALUE	DEGREES OF FREEDOM	2-TAIL PROB.	T VALUE	DEGREES OF FREEDOM	2-TAIL PROB.
1.35	.282	1.55	101	.125	1.54	95.18	.128

VARIABLE	NUMBER OF CASES	MEAN	STANDARD DEVIATION	STANDARD ERROR
AFFECTIVE INHIBITION				
GROUP 1	49	2.5306	1.596	.228
GROUP 2	54	2.1852	1.518	.207

		POOLED VARIANCE ESTIMATE			SEPARATE VARIANCE ESTIMATE		
F VALUE	2-TAIL PROB.	T VALUE	DEGREES OF FREEDOM	2-TAIL PROB.	T VALUE	DEGREES OF FREEDOM	2-TAIL PROB.
1.10	.722	1.13	101	.263	1.12	98.84	.264

VARIABLE	NUMBER OF CASES	MEAN	STANDARD DEVIATION	STANDARD ERROR
AFFECTIVE DISTURBANCE				
GROUP 1	49	2.5306	1.487	.212
GROUP 2	54	2.1852	1.727	.235

		POOLED VARIANCE ESTIMATE			SEPARATE VARIANCE ESTIMATE		
F VALUE	2-TAIL PROB.	T VALUE	DEGREES OF FREEDOM	2-TAIL PROB.	T VALUE	DEGREES OF FREEDOM	2-TAIL PROB.
1.35	.295	1.08	101	.282	1.09	100.74	.278

VARIABLE	NUMBER OF CASES	MEAN	STANDARD DEVIATION	STANDARD ERROR
DENIAL				
GROUP 1	49	2.7959	1.708	.244
GROUP 2	54	3.4074	1.473	.200

		POOLED VARIANCE ESTIMATE			SEPARATE VARIANCE ESTIMATE		
F VALUE	2-TAIL PROB.	T VALUE	DEGREES OF FREEDOM	2-TAIL PROB.	T VALUE	DEGREES OF FREEDOM	2-TAIL PROB.
1.34	.295	-1.95	101	.054	-1.94	95.35	.056

VARIABLE	NUMBER OF CASES	MEAN	STANDARD DEVIATION	STANDARD ERROR
IRRITABILITY				
GROUP 1	49	2.3061	1.661	.237
GROUP 2	54	1.7778	1.550	.211

		POOLED VARIANCE ESTIMATE			SEPARATE VARIANCE ESTIMATE		
F VALUE	2-TAIL PROB.	T VALUE	DEGREES OF FREEDOM	2-TAIL PROB.	T VALUE	DEGREES OF FREEDOM	2-TAIL PROB.
1.15	.622	1.67	101	.098	1.66	98.26	.099

VARIABLE	NUMBER OF CASES	MEAN	STANDARD DEVIATION	STANDARD ERROR
AFFECTIVE STATE				
GROUP 1	49	6.5102	3.495	.499
GROUP 2	54	5.2778	3.774	.514

		POOLED VARIANCE ESTIMATE			SEPARATE VARIANCE ESTIMATE		
F VALUE	2-TAIL PROB.	T VALUE	DEGREES OF FREEDOM	2-TAIL PROB.	T VALUE	DEGREES OF FREEDOM	2-TAIL PROB.
1.17	.591	1.71	101	.090	1.72	100.95	.088

VARIABLE	NUMBER OF CASES	MEAN	STANDARD DEVIATION	STANDARD ERROR
DISEASE AFFIRMATION				
GROUP 1	49	5.5102	2.209	.316
GROUP 2	54	5.2222	1.920	.261

		POOLED VARIANCE ESTIMATE			SEPARATE VARIANCE ESTIMATE		
F VALUE	2-TAIL PROB.	T VALUE	DEGREES OF FREEDOM	2-TAIL PROB.	T VALUE	DEGREES OF FREEDOM	2-TAIL PROB.
1.32	.319	.71	101	.481	.70	95.65	.484

VARIABLE	NUMBER OF CASES	MEAN	STANDARD DEVIATION	STANDARD ERROR
DISCRIMINANT FUNCTION				
GROUP 1	49	53.8184	17.570	2.510
GROUP 2	54	55.1000	13.978	1.902

		POOLED VARIANCE ESTIMATE			SEPARATE VARIANCE ESTIMATE		
F VALUE	2-TAIL PROB.	T VALUE	DEGREES OF FREEDOM	2-TAIL PROB.	T VALUE	DEGREES OF FREEDOM	2-TAIL PROB.
1.58	.105	-.41	101	.682	-.41	91.60	.685

VARIABLE	NUMBER OF CASES	MEAN	STANDARD DEVIATION	STANDARD ERROR
WHITELEY INDEX				
GROUP 1	49	3.7755	2.967	.424
GROUP 2	54	2.9074	2.810	.382

		POOLED VARIANCE ESTIMATE			SEPARATE VARIANCE ESTIMATE		
F VALUE	2-TAIL PROB.	T VALUE	DEGREES OF FREEDOM	2-TAIL PROB.	T VALUE	DEGREES OF FREEDOM	2-TAIL PROB.
1.11	.698	1.52	101	.130	1.52	98.71	.132

VARIABLE	NUMBER OF CASES	MEAN	STANDARD DEVIATION	STANDARD ERROR
SPIELBERGER STATE SCORE				
GROUP 1	45	41.6000	12.842	1.914
GROUP 2	47	36.1702	9.803	1.430

		POOLED VARIANCE ESTIMATE			SEPARATE VARIANCE ESTIMATE		
F VALUE	2-TAIL PROB.	T VALUE	DEGREES OF FREEDOM	2-TAIL PROB.	T VALUE	DEGREES OF FREEDOM	2-TAIL PROB.
1.72	.072	2.29	90	.025	2.27	82.29	.026

VARIABLE	NUMBER OF CASES	MEAN	STANDARD DEVIATION	STANDARD ERROR
SPIELBERGER TRAIT SCORE				
GROUP 1	43	42.3721	11.898	1.814
GROUP 2	48	37.4375	8.710	1.257

		POOLED VARIANCE ESTIMATE			SEPARATE VARIANCE ESTIMATE		
F VALUE	2-TAIL PROB.	T VALUE	DEGREES OF FREEDOM	2-TAIL PROB.	T VALUE	DEGREES OF FREEDOM	2-TAIL PROB.
1.87	.039	2.27	89	.025	2.24	76.29	.028

VARIABLE	NUMBER OF CASES	MEAN	STANDARD DEVIATION	STANDARD ERROR
ZUNG DEPRESSION SCORE				
GROUP 1	40	39.7750	9.689	1.532
GROUP 2	41	35.5854	9.113	1.423

		POOLED VARIANCE ESTIMATE			SEPARATE VARIANCE ESTIMATE		
F VALUE	2-TAIL PROB.	T VALUE	DEGREES OF FREEDOM	2-TAIL PROB.	T VALUE	DEGREES OF FREEDOM	2-TAIL PROB.
1.13	.701	2.01	79	.048	2.00	78.42	.049

CHI SQUARE TEST

SEXUAL PROBLEMS

COUNT / ROW PCT / COL PCT / TOT PCT	7.	8.	ROW TOTAL
1.	24 50.0 32.4 23.5	24 50.0 85.7 23.5	48 47.1
2.	50 92.6 67.6 49.0	4 7.4 14.3 3.9	54 52.9
COLUMN TOTAL	74 72.5	28 27.5	102 100.0

CORRECTED CHI SQ = 21.05873 1 D.F., SIG. = .0000
RAW CHI SQ = 23.14801 1 D.F., SIG. = .0000

MISSING OBSERVATIONS - 1

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RADIOGRAPHIC INDEX

COUNT / ROW PCT / COL PCT / TOT PCT	0	1.	2.	ROW TOTAL
1.	5 20.0 38.5 9.1	2 8.0 25.0 3.6	18 72.0 52.9 32.7	25 45.5
2.	8 26.7 61.5 14.5	6 20.0 75.0 10.9	16 53.3 47.1 29.1	30 54.5
COLUMN TOTAL	13 23.6	8 14.5	34 61.8	55 100.0

RAW CHI SQ = 2.37504 WITH 2 D.F., SIG. = .3050

MISSING OBSERVATIONS - 48

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MUSCLE INDEX

COUNT / ROW PCT / COL PCT / TOT PCT	0	1.	2.	ROW TOTAL
1.	4 8.2 50.0 3.9	18 36.7 47.4 17.5	27 55.1 47.4 26.2	49 47.6
2.	4 7.4 50.0 3.9	20 37.0 52.6 19.4	30 55.6 52.6 29.1	54 52.4
COLUMN TOTAL	8 7.8	38 36.9	57 55.3	103 100.0

RAW CHI SQ = .02049 WITH 2 D.F., SIG. = .9898

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            TMJ INDEX
   COUNT   I
 ROW PCT   I                                            ROW
 COL PCT   I                                            TOTAL
 TOT PCT   I         0I          1.I          2.I
        ---I---------I-----------I------------I
      1.   I       2 I       20  I       27   I          49
           I     4.1 I     40.8  I     55.1   I        47.6
           I    28.6 I     46.5  I     50.9   I
           I     1.9 I     19.4  I     26.2   I
          -I---------I-----------I------------I
      2.   I       5 I       23  I       26   I          54
           I     9.3 I     42.6  I     48.1   I        52.4
           I    71.4 I     53.5  I     49.1   I
           I     4.9 I     22.3  I     25.2   I
          -I---------I-----------I------------I
   COLUMN          7         43          53             103
    TOTAL        6.8       41.7        51.5           100.0
RAW CHI SQ =     1.27417 WITH     2 D.F., SIG. =    .5288
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          TEETH INDEX
   COUNT   I
 ROW PCT   I                                            ROW
 COL PCT   I                                            TOTAL
 TOT PCT   I         0I          1.I          2.I
        ---I---------I-----------I------------I
      1.   I       5 I        6  I       36   I          47
           I    10.6 I     12.8  I     76.6   I        47.0
           I    25.0 I     42.9  I     54.5   I
           I     5.0 I      6.0  I     36.0   I
          -I---------I-----------I------------I
      2.   I      15 I        8  I       30   I          53
           I    28.3 I     15.1  I     56.6   I        53.0
           I    75.0 I     57.1  I     45.5   I
           I    15.0 I      8.0  I     30.0   I
          -I---------I-----------I------------I
   COLUMN         20         14          66             100
    TOTAL       20.0       14.0        66.0           100.0
RAW CHI SQ =     5.49094 WITH     2 D.F., SIG. =    .0642
MISSING OBSERVATIONS -        3
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            CLINICAL INDEX
   COUNT   I
 ROW PCT   I                                            ROW
 COL PCT   I                                            TOTAL
 TOT PCT   I         0I          1.I          2.I
        ---I---------I-----------I------------I
      1.   I       0 I       30  I       19   I          49
           I       0 I     61.2  I     38.8   I        47.6
           I       0 I     50.8  I     44.2   I
           I       0 I     29.1  I     18.4   I
          -I---------I-----------I------------I
      2.   I       1 I       29  I       24   I          54
           I     1.9 I     53.7  I     44.4   I        52.4
           I   100.0 I     49.2  I     55.8   I
           I     1.0 I     28.2  I     23.3   I
          -I---------I-----------I------------I
   COLUMN          1         59          43             103
    TOTAL        1.0       57.3        41.7           100.0
RAW CHI SQ =     1.35883 WITH     2 D.F., SIG. =    .5069
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ANAMNESTIC INDEX

COUNT / ROW PCT / COL PCT / TOT PCT	0.	2.	ROW TOTAL
1.	2 4.1 100.0 1.9	47 95.9 46.5 45.6	49 47.6
2.	0 0 0 0	54 100.0 53.5 52.4	54 52.4
COLUMN TOTAL	2 1.9	101 98.1	103 100.0

CORRECTED CHI SQ = .61517 1 D.F., SIG. = .4329
RAW CHI SQ = 2.24773 1 D.F., SIG. = .1338

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COUNTRY

COUNT / ROW PCT / COL PCT / TOT PCT	1.	2.	3.	4.	5.	ROW TOTAL
1.	32 65.3 50.0 31.1	12 24.5 54.5 11.7	0 0 0 0	1 2.0 50.0 1.0	4 8.2 30.8 3.9	49 47.6
2.	32 59.3 50.0 31.1	10 18.5 45.5 9.7	2 3.7 100.0 1.9	1 1.9 50.0 1.0	9 16.7 69.2 8.7	54 52.4
COLUMN TOTAL	64 62.1	22 21.4	2 1.9	2 1.9	13 12.6	103 100.0

RAW CHI SQ = 3.87130 WITH 4 D.F., SIG. = .4237

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TOTAL TEETH INDEX

COUNT / ROW PCT / COL PCT / TOT PCT	1.	2.	ROW TOTAL
1.	2 4.3 50.0 2.0	45 95.7 46.9 45.0	47 47.0
2.	2 3.8 50.0 2.0	51 96.2 53.1 51.0	53 53.0
COLUMN TOTAL	4 4.0	96 96.0	100 100.0

CORRECTED CHI SQ = 0 1 D.F., SIG. = 1.0000
RAW CHI SQ = .01505 1 D.F., SIG. = .9023

MISSING OBSERVATIONS - 3

OCCUPATION

COUNT / ROW PCT / COL PCT / TOT PCT	1.	2.	3.	5.	6.	ROW TOTAL
1.	2 4.1 50.0 1.9	12 24.5 36.4 11.7	9 18.4 64.3 8.7	5 10.2 83.3 4.9	0 0 0 0	49 47.6
2.	2 3.7 50.0 1.9	21 38.9 63.6 20.4	5 9.3 35.7 4.9	1 1.9 16.7 1.0	1 1.9 100.0 1.0	54 52.4
COLUMN TOTAL	4 3.9	33 32.0	14 13.6	6 5.8	1 1.0	103 100.0

OCCUPATION

COUNT / ROW PCT / COL PCT / TOT PCT	7.	8.	9.	ROW TOTAL
1.	4 8.2 28.6 3.9	6 12.2 50.0 5.8	11 22.4 57.9 10.7	49 47.6
2.	10 18.5 71.4 9.7	6 11.1 50.0 5.8	8 14.8 42.1 7.8	54 52.4
COLUMN TOTAL	14 13.6	12 11.7	19 18.4	103 100.0

RAW CHI SQ = 10.09024 WITH 7 D.F., SIG. = .1835

COUNT / ROW PCT / COL PCT / TOT PCT	CURED: 0	1.	ROW TOTAL
1.	16 48.5 42.1 21.9	17 51.5 48.6 23.3	33 45.2
2.	22 55.0 57.9 30.1	18 45.0 51.4 24.7	40 54.8
COLUMN TOTAL	38 52.1	35 47.9	73 100.0

CORRECTED CHI SQ = .10183 1 D.F., SIG. = .7496
RAW CHI SQ = .30753 1 D.F., SIG. = .5792

MISSING OBSERVATIONS - 30

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COUNT / ROW PCT / COL PCT / TOT PCT	INITIAL TREATMENT: 1.	3.	4.	7.	ROW TOTAL
1.	35 92.1 49.3 44.3	1 2.6 50.0 1.3	1 2.6 100.0 1.3	1 2.6 20.0 1.3	38 48.1
2.	36 87.8 50.7 45.6	1 2.4 50.0 1.3	0 0 0 0	4 9.8 80.0 5.1	41 51.9
COLUMN TOTAL	71 89.9	2 2.5	1 1.3	5 6.3	79 100.0

RAW CHI SQ = 2.70406 WITH 3 D.F., SIG. = .4395

MISSING OBSERVATIONS - 24

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MANN WHITNEY U TEST

ZUNG DEPRESSION SCORE

GROUP = 1.		GROUP = 2.	
MEAN RANK	NUMBER	MEAN RANK	NUMBER
45.77	40	36.34	41

		CORRECTED FOR TIES	
U	W	Z	2-TAILED P
629.0	1831.0	1.8058	.0709

SPIELBERGER TRAIT SCORE

GROUP = 1.		GROUP = 2.	
MEAN RANK	NUMBER	MEAN RANK	NUMBER
51.60	43	40.98	48

		CORRECTED FOR TIES	
U	W	Z	2-TAILED P
791.0	2219.0	1.9176	.0552

SPIELBERGER STATE SCORE

GROUP = 1.		GROUP = 2.	
MEAN RANK	NUMBER	MEAN RANK	NUMBER
52.56	45	40.70	47

		CORRECTED FOR TIES	
U	W	Z	2-TAILED P
785.0	2365.0	2.1309	.0331

WHITELEY INDEX

GROUP = 1.		GROUP = 2.	
MEAN RANK	NUMBER	MEAN RANK	NUMBER
57.65	49	46.87	54

		CORRECTED FOR TIES	
U	W	Z	2-TAILED P
1046.0	2825.0	1.8477	.0646

DISCRIMINANT FUNCTION

GROUP = 1.		GROUP = 2.	
MEAN RANK	NUMBER	MEAN RANK	NUMBER
50.81	49	53.08	54

		CORRECTED FOR TIES	
U	W	Z	2-TAILED P
1264.5	2489.5	-.3863	.6992

DISEASE AFFIRMATION

GROUP = 1.		GROUP = 2.	
MEAN RANK	NUMBER	MEAN RANK	NUMBER
53.77	49	50.40	54

		CORRECTED FOR TIES	
U	W	Z	2-TAILED P
1236.5	2634.5	.5786	.5629

AFFECTIVE STATE

GROUP = 1.		GROUP = 2.	
MEAN RANK	NUMBER	MEAN RANK	NUMBER
58.19	49	46.38	54

		CORRECTED FOR TIES	
U	W	Z	2-TAILED P
1019.5	2851.5	2.0144	.0440

GENERAL HYPOCHONDRIASIS

GROUP = 1.		GROUP = 2.	
MEAN RANK	NUMBER	MEAN RANK	NUMBER
56.41	49	48.00	54

		CORRECTED FOR TIES	
U	W	Z	2-TAILED P
1107.0	2764.0	1.4813	.1385

DISEASE CONVICTION

GROUP = 1.		GROUP = 2.	
MEAN RANK	NUMBER	MEAN RANK	NUMBER
57.06	49	47.41	54

		CORRECTED FOR TIES	
U	W	Z	2-TAILED P
1075.0	2796.0	1.6796	.0930

PSYCHOLOGICAL V SOMATIC FOCUSING

GROUP = 1.		GROUP = 2.	
MEAN RANK	NUMBER	MEAN RANK	NUMBER
55.14	49	49.15	54

		CORRECTED FOR TIES	
U	W	Z	2-TAILED P
1169.0	2702.0	1.0870	.2771

AFFECTIVE INHIBITION

GROUP =	1.	GROUP =	2.
MEAN RANK	NUMBER	MEAN RANK	NUMBER
55.56	49	48.77	54

		CORRECTED FOR TIES	
U	W	Z	2-TAILED P
1148.5	2722.5	1.1720	.2412

AFFECTIVE DISTURBANCE

GROUP =	1.	GROUP =	2.
MEAN RANK	NUMBER	MEAN RANK	NUMBER
55.37	49	48.94	54

		CORRECTED FOR TIES	
U	W	Z	2-TAILED P
1158.0	2713.0	1.1103	.2669

DENIAL

GROUP =	1.	GROUP =	2.
MEAN RANK	NUMBER	MEAN RANK	NUMBER
46.56	49	56.94	54

		CORRECTED FOR TIES	
U	W	Z	2-TAILED P
1056.5	2281.5	-1.7952	.0726

IRRITABILITY

GROUP =	1.	GROUP =	2.
MEAN RANK	NUMBER	MEAN RANK	NUMBER
57.09	49	47.38	54

		CORRECTED FOR TIES	
U	W	Z	2-TAILED P
1073.5	2797.5	1.6329	.0924

APPENDIX V

PART B

SECTION 5

(Pages B.5.19 to B.5.34).

2. This section describes statistical analysis between two groups of all the patients in the study who had a High Life Events score and who suffered from either:

(a) TMJ Dysfunction (Group 1), or
(b) dental pain (i.e. controls) (Group 2).

T TEST

VARIABLE	NUMBER OF CASES	MEAN	STANDARD DEVIATION	STANDARD ERROR
AGE				
GROUP 1	49	35.2245	17.705	2.529
GROUP 2	24	30.5833	11.699	2.388

		POOLED VARIANCE ESTIMATE			SEPARATE VARIANCE ESTIMATE		
F VALUE	2-TAIL PROB.	T VALUE	DEGREES OF FREEDOM	2-TAIL PROB.	T VALUE	DEGREES OF FREEDOM	2-TAIL PROB.
2.29	.034	1.16	71	.248	1.33	64.60	.187

VARIABLE	NUMBER OF CASES	MEAN	STANDARD DEVIATION	STANDARD ERROR
ANAMNESTIC INDEX				
GROUP 1	49	1.9184	.400	.057
GROUP 2	24	1.0000	1.022	.209

		POOLED VARIANCE ESTIMATE			SEPARATE VARIANCE ESTIMATE		
F VALUE	2-TAIL PROB.	T VALUE	DEGREES OF FREEDOM	2-TAIL PROB.	T VALUE	DEGREES OF FREEDOM	2-TAIL PROB.
6.53	.000	5.52	71	.000	4.25	26.51	.000

VARIABLE	NUMBER OF CASES	MEAN	STANDARD DEVIATION	STANDARD ERROR
CLINICAL INDEX				
GROUP 1	49	1.3878	.492	.070
GROUP 2	20	.5000	.513	.115

		POOLED VARIANCE ESTIMATE			SEPARATE VARIANCE ESTIMATE		
F VALUE	2-TAIL PROB.	T VALUE	DEGREES OF FREEDOM	2-TAIL PROB.	T VALUE	DEGREES OF FREEDOM	2-TAIL PROB.
1.09	.787	6.71	67	.000	6.60	34.06	.000

VARIABLE	NUMBER OF CASES	MEAN	STANDARD DEVIATION	STANDARD ERROR
MUSCLE INDEX				
GROUP 1	49	1.4694	.649	.093
GROUP 2	20	.2500	.444	.099

		POOLED VARIANCE ESTIMATE			SEPARATE VARIANCE ESTIMATE		
F VALUE	2-TAIL PROB.	T VALUE	DEGREES OF FREEDOM	2-TAIL PROB.	T VALUE	DEGREES OF FREEDOM	2-TAIL PROB.
2.13	.074	7.69	67	.000	8.98	51.14	.000

VARIABLE	NUMBER OF CASES	MEAN	STANDARD DEVIATION	STANDARD ERROR
TMJ INDEX				
GROUP 1	49	1.5102	.582	.083
GROUP 2	20	.3500	.587	.131

		POOLED VARIANCE ESTIMATE			SEPARATE VARIANCE ESTIMATE		
F VALUE	2-TAIL PROB.	T VALUE	DEGREES OF FREEDOM	2-TAIL PROB.	T VALUE	DEGREES OF FREEDOM	2-TAIL PROB.
1.02	.918	7.50	67	.000	7.47	35.05	.000

VARIABLE	NUMBER OF CASES	MEAN	STANDARD DEVIATION	STANDARD ERROR
NUMBER OF NATURAL TEETH				
GROUP 1	47	22.4468	9.530	1.390
GROUP 2	20	25.6500	4.511	1.009

		POOLED VARIANCE ESTIMATE			SEPARATE VARIANCE ESTIMATE		
F VALUE	2-TAIL PROB.	T VALUE	DEGREES OF FREEDOM	2-TAIL PROB.	T VALUE	DEGREES OF FREEDOM	2-TAIL PROB.
4.46	.001	-1.43	65	.157	-1.87	64.14	.067

VARIABLE	NUMBER OF CASES	MEAN	STANDARD DEVIATION	STANDARD ERROR
TEETH INDEX				
GROUP 1	47	1.6596	.668	.098
GROUP 2	20	1.9000	.308	.069

		POOLED VARIANCE ESTIMATE			SEPARATE VARIANCE ESTIMATE		
F VALUE	2-TAIL PROB.	T VALUE	DEGREES OF FREEDOM	2-TAIL PROB.	T VALUE	DEGREES OF FREEDOM	2-TAIL PROB.
4.72	.001	-1.54	65	.129	-2.01	64.49	.048

VARIABLE	NUMBER OF CASES	MEAN	STANDARD DEVIATION	STANDARD ERROR
CONTACTS				
GROUP 1	47	25.4894	5.348	.780
GROUP 2	20	23.7000	6.490	1.451

		POOLED VARIANCE ESTIMATE			SEPARATE VARIANCE ESTIMATE		
F VALUE	2-TAIL PROB.	T VALUE	DEGREES OF FREEDOM	2-TAIL PROB.	T VALUE	DEGREES OF FREEDOM	2-TAIL PROB.
1.47	.283	1.17	65	.244	1.09	30.52	.286

VARIABLE	NUMBER OF CASES	MEAN	STANDARD DEVIATION	STANDARD ERROR
GENERAL HYPOCHONDRIASIS				
GROUP 1	49	1.6735	1.737	.248
GROUP 2	24	1.5000	2.126	.434

		POOLED VARIANCE ESTIMATE			SEPARATE VARIANCE ESTIMATE		
F VALUE	2-TAIL PROB.	T VALUE	DEGREES OF FREEDOM	2-TAIL PROB.	T VALUE	DEGREES OF FREEDOM	2-TAIL PROB.
1.50	.235	.37	71	.711	.35	38.51	.730

VARIABLE	NUMBER OF CASES	MEAN	STANDARD DEVIATION	STANDARD ERROR
DISEASE CONVICTION				
GROUP 1	49	2.3061	1.623	.232
GROUP 2	24	1.7500	1.294	.264

		POOLED VARIANCE ESTIMATE			SEPARATE VARIANCE ESTIMATE		
F VALUE	2-TAIL PROB.	T VALUE	DEGREES OF FREEDOM	2-TAIL PROB.	T VALUE	DEGREES OF FREEDOM	2-TAIL PROB.
1.57	.240	1.46	71	.147	1.58	56.13	.119

VARIABLE	NUMBER OF CASES	MEAN	STANDARD DEVIATION	STANDARD ERROR
PSYCHOLOGICAL V SOMATIC FOCUSING				
GROUP 1	49	1.7959	.979	.140
GROUP 2	24	2.0000	.780	.159

		POOLED VARIANCE ESTIMATE			SEPARATE VARIANCE ESTIMATE		
F VALUE	2-TAIL PROB.	T VALUE	DEGREES OF FREEDOM	2-TAIL PROB.	T VALUE	DEGREES OF FREEDOM	2-TAIL PROB.
1.57	.240	-.89	71	.376	-.96	56.13	.340

VARIABLE	NUMBER OF CASES	MEAN	STANDARD DEVIATION	STANDARD ERROR
AFFECTIVE INHIBITION				
GROUP 1	49	2.5306	1.596	.228
GROUP 2	24	2.4167	1.742	.356

		POOLED VARIANCE ESTIMATE			SEPARATE VARIANCE ESTIMATE		
F VALUE	2-TAIL PROB.	T VALUE	DEGREES OF FREEDOM	2-TAIL PROB.	T VALUE	DEGREES OF FREEDOM	2-TAIL PROB.
1.19	.593	.28	71	.782	.27	42.35	.789

VARIABLE	NUMBER OF CASES	MEAN	STANDARD DEVIATION	STANDARD ERROR
AFFECTIVE DISTURBANCE				
GROUP 1	49	2.5306	1.487	.212
GROUP 2	24	2.0833	1.558	.318

		POOLED VARIANCE ESTIMATE			SEPARATE VARIANCE ESTIMATE		
F VALUE	2-TAIL PROB.	T VALUE	DEGREES OF FREEDOM	2-TAIL PROB.	T VALUE	DEGREES OF FREEDOM	2-TAIL PROB.
1.10	.764	1.19	71	.239	1.17	43.92	.249

VARIABLE	NUMBER OF CASES	MEAN	STANDARD DEVIATION	STANDARD ERROR
DENIAL				
GROUP 1	49	2.7959	1.708	.244
GROUP 2	24	2.0833	1.613	.329

		POOLED VARIANCE ESTIMATE			SEPARATE VARIANCE ESTIMATE		
F VALUE	2-TAIL PROB.	T VALUE	DEGREES OF FREEDOM	2-TAIL PROB.	T VALUE	DEGREES OF FREEDOM	2-TAIL PROB.
1.12	.786	1.70	71	.093	1.74	48.22	.083

VARIABLE	NUMBER OF CASES	MEAN	STANDARD DEVIATION	STANDARD ERROR
IRRITABILITY				
GROUP 1	49	2.3061	1.661	.237
GROUP 2	24	2.5417	1.382	.282

		POOLED VARIANCE ESTIMATE			SEPARATE VARIANCE ESTIMATE		
F VALUE	2-TAIL PROB.	T VALUE	DEGREES OF FREEDOM	2-TAIL PROB.	T VALUE	DEGREES OF FREEDOM	2-TAIL PROB.
1.44	.342	-.60	71	.551	-.64	54.07	.526

VARIABLE	NUMBER OF CASES	MEAN	STANDARD DEVIATION	STANDARD ERROR
AFFECTIVE STATE				
GROUP 1	49	6.5102	3.495	.499
GROUP 2	24	6.1250	4.256	.869

		POOLED VARIANCE ESTIMATE			SEPARATE VARIANCE ESTIMATE		
F VALUE	2-TAIL PROB.	T VALUE	DEGREES OF FREEDOM	2-TAIL PROB.	T VALUE	DEGREES OF FREEDOM	2-TAIL PROB.
1.43	.243	.41	71	.682	.38	38.68	.703

VARIABLE	NUMBER OF CASES	MEAN	STANDARD DEVIATION	STANDARD ERROR
DISEASE AFFIRMATION				
GROUP 1	49	5.5102	2.209	.316
GROUP 2	24	4.7500	1.675	.342

		POOLED VARIANCE ESTIMATE			SEPARATE VARIANCE ESTIMATE		
F VALUE	2-TAIL PROB.	T VALUE	DEGREES OF FREEDOM	2-TAIL PROB.	T VALUE	DEGREES OF FREEDOM	2-TAIL PROB.
1.74	.151	1.49	71	.141	1.63	58.54	.108

VARIABLE	NUMBER OF CASES	MEAN	STANDARD DEVIATION	STANDARD ERROR
DISCRIMINANT FUNCTION				
GROUP 1	49	53.8184	17.570	2.510
GROUP 2	24	46.9250	13.259	2.706

		POOLED VARIANCE ESTIMATE			SEPARATE VARIANCE ESTIMATE		
F VALUE	2-TAIL PROB.	T VALUE	DEGREES OF FREEDOM	2-TAIL PROB.	T VALUE	DEGREES OF FREEDOM	2-TAIL PROB.
1.76	.145	1.70	71	.094	1.87	58.76	.067

VARIABLE	NUMBER OF CASES	MEAN	STANDARD DEVIATION	STANDARD ERROR
WHITELEY INDEX				
GROUP 1	49	3.7755	2.967	.424
GROUP 2	24	2.9167	2.339	.477

		POOLED VARIANCE ESTIMATE			SEPARATE VARIANCE ESTIMATE		
F VALUE	2-TAIL PROB.	T VALUE	DEGREES OF FREEDOM	2-TAIL PROB.	T VALUE	DEGREES OF FREEDOM	2-TAIL PROB.
1.61	.217	1.24	71	.219	1.35	56.67	.184

VARIABLE	NUMBER OF CASES	MEAN	STANDARD DEVIATION	STANDARD ERROR
SPIELBERGER STATE SCORE				
GROUP 1	45	41.6000	12.842	1.914
GROUP 2	22	44.1364	13.192	2.813

		POOLED VARIANCE ESTIMATE			SEPARATE VARIANCE ESTIMATE		
F VALUE	2-TAIL PROB.	T VALUE	DEGREES OF FREEDOM	2-TAIL PROB.	T VALUE	DEGREES OF FREEDOM	2-TAIL PROB.
1.06	.852	-.75	65	.454	-.75	40.79	.460

VARIABLE	NUMBER OF CASES	MEAN	STANDARD DEVIATION	STANDARD ERROR
SPIELBERGER TRAIT SCORE				
GROUP 1	43	42.3721	11.898	1.814
GROUP 2	22	42.9545	10.666	2.274

		POOLED VARIANCE ESTIMATE			SEPARATE VARIANCE ESTIMATE		
F VALUE	2-TAIL PROB.	T VALUE	DEGREES OF FREEDOM	2-TAIL PROB.	T VALUE	DEGREES OF FREEDOM	2-TAIL PROB.
1.24	.600	-.19	63	.847	-.20	46.77	.842

VARIABLE	NUMBER OF CASES	MEAN	STANDARD DEVIATION	STANDARD ERROR
ZUNG DEPRESSION SCORE				
GROUP 1	40	39.7750	9.689	1.532
GROUP 2	21	39.7619	11.929	2.603

		POOLED VARIANCE ESTIMATE			SEPARATE VARIANCE ESTIMATE		
F VALUE	2-TAIL PROB.	T VALUE	DEGREES OF FREEDOM	2-TAIL PROB.	T VALUE	DEGREES OF FREEDOM	2-TAIL PROB.
1.52	.262	.00	59	.996	.00	34.15	.997

VARIABLE	NUMBER OF CASES	MEAN	STANDARD DEVIATION	STANDARD ERROR
LIFE EVENTS				
GROUP 1	48	660.0417	281.145	40.580
GROUP 2	24	589.2083	188.660	38.510

		POOLED VARIANCE ESTIMATE			SEPARATE VARIANCE ESTIMATE		
F VALUE	2-TAIL PROB.	T VALUE	DEGREES OF FREEDOM	2-TAIL PROB.	T VALUE	DEGREES OF FREEDOM	2-TAIL PROB.
2.22	.041	1.11	70	.269	1.27	63.89	.210

VARIABLE	NUMBER OF CASES	MEAN	STANDARD DEVIATION	STANDARD ERROR
SERIOUS EVENTS				
GROUP 1	48	497.1250	238.751	34.461
GROUP 2	24	427.7083	183.166	37.389

		POOLED VARIANCE ESTIMATE			SEPARATE VARIANCE ESTIMATE		
F VALUE	2-TAIL PROB.	T VALUE	DEGREES OF FREEDOM	2-TAIL PROB.	T VALUE	DEGREES OF FREEDOM	2-TAIL PROB.
1.70	.170	1.25	70	.215	1.37	58.14	.177

CHI SQUARE TEST

SEXUAL PROBLEMS

COUNT / ROW PCT / COL PCT / TOT PCT	7.	8.	ROW TOTAL
1.	24	24	48
	50.0	50.0	66.7
	60.0	75.0	
	33.3	33.3	
2.	16	8	24
	66.7	33.3	33.3
	40.0	25.0	
	22.2	11.1	
COLUMN TOTAL	40	32	72
	55.6	44.4	100.0

CORRECTED CHI SQ = 1.18823 1 D.F., SIG. = .2757
RAW CHI SQ = 1.80000 1 D.F., SIG. = .1797

MISSING OBSERVATIONS - 1

RADIOGRAPHIC INDEX

COUNT / ROW PCT / COL PCT / TOT PCT	0	1.	2.	ROW TOTAL
1.	5	2	18	25
	20.0	8.0	72.0	65.8
	62.5	50.0	69.2	
	13.2	5.3	47.4	
2.	3	2	8	13
	23.1	15.4	61.5	34.2
	37.5	50.0	30.8	
	7.9	5.3	21.1	
COLUMN TOTAL	8	4	26	38
	21.1	10.5	68.4	100.0

RAW CHI SQ = .61834 WITH 2 D.F., SIG. = .7341

MISSING OBSERVATIONS - 35

MUSCLE INDEX

COUNT / ROW PCT / COL PCT / TOT PCT	0	1.	2.	ROW TOTAL
1.	4	18	27	49
	8.2	36.7	55.1	71.0
	21.1	78.3	100.0	
	5.8	26.1	39.1	
2.	15	5	0	20
	75.0	25.0	0	29.0
	78.9	21.7	0	
	21.7	7.2	0	
COLUMN TOTAL	19	23	27	69
	27.5	33.3	39.1	100.0

RAW CHI SQ = 34.64823 WITH 2 D.F., SIG. = .0000

MISSING OBSERVATIONS - 4

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            TMJ  INDEX
  COUNT     I
 ROW PCT    I                                            ROW
 COL PCT    I                                           TOTAL
 TOT PCT    I          0I         1.I         2.I
         ---I---------I---------I---------I
         1.  I         2  I        20  I        27  I       49
             I       4.1  I      40.8  I      55.1  I     71.0
             I      12.5  I      80.0  I      96.4  I
             I       2.9  I      29.0  I      39.1  I
            -I---------I---------I---------I
         2.  I        14  I         5  I         1  I       20
             I      70.0  I      25.0  I       5.0  I     29.0
             I      87.5  I      20.0  I       3.6  I
             I      20.3  I       7.2  I       1.4  I
            -I---------I---------I---------I
   COLUMN           16          25          28         69
    TOTAL         23.2        36.2        40.6      100.0

RAW CHI SQ =      36.38090 WITH      2 D.F., SIG. =    .0000

MISSING OBSERVATIONS -          4
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           TEETH INDEX
  COUNT     I
 ROW PCT    I                                            ROW
 COL PCT    I                                           TOTAL
 TOT PCT    I          0I         1.I         2.I
         ---I---------I---------I---------I
         1.  I         5  I         6  I        36  I       47
             I      10.6  I      12.8  I      76.6  I     70.1
             I     100.0  I      75.0  I      66.7  I
             I       7.5  I       9.0  I      53.7  I
            -I---------I---------I---------I
         2.  I         0  I         2  I        18  I       20
             I         0  I      10.0  I      90.0  I     29.9
             I         0  I      25.0  I      33.3  I
             I         0  I       3.0  I      26.9  I
            -I---------I---------I---------I
   COLUMN            5           8          54         67
    TOTAL          7.5        11.9        80.6      100.0

RAW CHI SQ =       2.53032 WITH      2 D.F., SIG. =    .2822

MISSING OBSERVATIONS -          6
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         CLINICAL  INDEX
  COUNT     I
 ROW PCT    I                                            ROW
 COL PCT    I                                           TOTAL
 TOT PCT    I          0I         1.I         2.I
         ---I---------I---------I---------I
         1.  I         0  I        30  I        19  I       49
             I         0  I      61.2  I      38.8  I     71.0
             I         0  I      75.0  I     100.0  I
             I         0  I      43.5  I      27.5  I
            -I---------I---------I---------I
         2.  I        10  I        10  I         0  I       20
             I      50.0  I      50.0  I         0  I     29.0
             I     100.0  I      25.0  I         0  I
             I      14.5  I      14.5  I         0  I
            -I---------I---------I---------I
   COLUMN           10          40          19         69
    TOTAL         14.5        58.0        27.5      100.0

RAW CHI SQ =      32.56378 WITH      2 D.F., SIG. =    .0000

MISSING OBSERVATIONS -          4
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ANAMNESTIC INDEX

COUNT ROW PCT COL PCT TOT PCT	0	2.	ROW TOTAL
1.	2 4.1 14.3 2.7	47 95.9 79.7 64.4	49 67.1
2.	12 50.0 85.7 16.4	12 50.0 20.3 16.4	24 32.9
COLUMN TOTAL	14 19.2	59 80.8	73 100.0

CORRECTED CHI SQ = 19.05173 1 D.F., SIG. = .0000
RAW CHI SQ = 21.91407 1 D.F., SIG. = .0000

- -

COUNTRY

COUNT ROW PCT COL PCT TOT PCT	1.	2.	4.	6.	ROW TOTAL
1.	32 65.3 62.7 43.8	12 24.5 85.7 16.4	1 2.0 100.0 1.4	4 8.2 57.1 5.5	49 67.1
2.	19 79.2 37.3 26.0	2 8.3 14.3 2.7	0 0 0 0	3 12.5 42.9 4.1	24 32.9
COLUMN TOTAL	51 69.9	14 19.2	1 1.4	7 9.6	73 100.0

RAW CHI SQ = 3.44141 WITH 3 D.F., SIG. = .3284

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TOTAL TEETH INDEX

COUNT ROW PCT COL PCT TOT PCT	1.	2.	ROW TOTAL
1.	2 4.3 50.0 3.0	45 95.7 71.4 67.2	47 70.1
2.	2 10.0 50.0 3.0	18 90.0 28.6 26.9	20 29.9
COLUMN TOTAL	4 6.0	63 94.0	67 100.0

CORRECTED CHI SQ = .11887 1 D.F., SIG. = .7303
RAW CHI SQ = .82477 1 D.F., SIG. = .3638

MISSING OBSERVATIONS - 6

OCCUPATION

COUNT / ROW PCT / COL PCT / TOT PCT	1.	2.	3.	5.	6.	ROW TOTAL
1.	2 4.1 66.7 2.7	12 24.5 70.6 16.4	9 18.4 90.0 12.3	5 10.2 62.5 6.8	0 0 0 0	49 67.1
2.	1 4.2 33.3 1.4	5 20.8 29.4 6.8	1 4.2 10.0 1.4	3 12.5 37.5 4.1	1 4.2 100.0 1.4	24 32.9
COLUMN TOTAL	3 4.1	17 23.3	10 13.7	8 11.0	1 1.4	73 100.0

OCCUPATION

COUNT / ROW PCT / COL PCT / TOT PCT	7.	8.	9.	ROW TOTAL
1.	4 8.2 66.7 5.5	6 12.2 46.2 8.2	11 22.4 73.3 15.1	49 67.1
2.	2 8.3 33.3 2.7	7 29.2 53.8 9.6	4 16.7 26.7 5.5	24 32.9
COLUMN TOTAL	6 8.2	13 17.8	15 20.5	73 100.0

RAW CHI SQ = 7.43647 WITH 7 D.F., SIG. = .3849

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MANN WHITNEY U TEST

SERIOUS EVENTS

GROUP = 1.		GROUP = 2.	
MEAN RANK	NUMBER	MEAN RANK	NUMBER
38.76	48	31.98	24

		CORRECTED FOR TIES	
U	W	Z	2-TAILED P
467.5	767.5	1.2962	.1949

LIFE EVENTS

GROUP = 1.		GROUP = 2.	
MEAN RANK	NUMBER	MEAN RANK	NUMBER
37.98	48	33.54	24

		CORRECTED FOR TIES	
U	W	Z	2-TAILED P
505.0	805.0	.8481	.3964

ZUNG DEPRESSION SCORE

GROUP = 1.		GROUP = 2.	
MEAN RANK	NUMBER	MEAN RANK	NUMBER
31.57	40	29.90	21

		CORRECTED FOR TIES	
U	W	Z	2-TAILED P
397.0	628.0	.3494	.7268

SPIELBERGER TRAIT SCORE

GROUP = 1.		GROUP = 2.	
MEAN RANK	NUMBER	MEAN RANK	NUMBER
32.45	43	34.07	22

		CORRECTED FOR TIES	
U	W	Z	2-TAILED P
449.5	749.5	-.3260	.7444

SPIELBERGER STATE SCORE

GROUP = 1.		GROUP = 2.	
MEAN RANK	NUMBER	MEAN RANK	NUMBER
32.42	45	37.23	22

		CORRECTED FOR TIES	
U	W	Z	2-TAILED P
424.0	819.0	-.9487	.3428

WHITELEY INDEX

```
GROUP          =          1.       GROUP          =          2.
MEAN RANK          NUMBER          MEAN RANK          NUMBER
   39.17              49              32.56              24

                                    CORRECTED FOR TIES
     U                 W                Z          2-TAILED P
   481.5             781.5           1.2673          .2051
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DISCRIMINANT FUNCTION

```
GROUP          =          1.       GROUP          =          2.
MEAN RANK          NUMBER          MEAN RANK          NUMBER
   39.81              49              31.27              24

                                    CORRECTED FOR TIES
     U                 W                Z          2-TAILED P
   450.5             750.5           1.6148          .1063
```

DISEASE AFFIRMATION

```
GROUP          =          1.       GROUP          =          2.
MEAN RANK          NUMBER          MEAN RANK          NUMBER
   39.67              49              31.54              24

                                    CORRECTED FOR TIES
     U                 W                Z          2-TAILED P
   457.0             757.0           1.5643          .1178
```

AFFECTIVE STATE

```
GROUP          =          1.       GROUP          =          2.
MEAN RANK          NUMBER          MEAN RANK          NUMBER
   38.39              49              34.17              24

                                    CORRECTED FOR TIES
     U                 W                Z          2-TAILED P
   520.0             820.0            .8022          .4225
```

GENERAL HYPOCHONDRIASIS

```
GROUP          =          1.       GROUP          =          2.
MEAN RANK          NUMBER          MEAN RANK          NUMBER
   39.08              49              32.75              24

                                    CORRECTED FOR TIES
     U                 W                Z          2-TAILED P
   486.0             786.0           1.2389          .2154
```

DISEASE CONVICTION

GROUP	= 1.	GROUP	= 2.
MEAN RANK	NUMBER	MEAN RANK	NUMBER
39.82	49	31.25	24

U	W	CORRECTED FOR TIES Z	2-TAILED P
450.0	750.0	1.6680	.0953

PSYCHOLOGICAL V SOMATIC FOCUSING

GROUP	= 1.	GROUP	= 2.
MEAN RANK	NUMBER	MEAN RANK	NUMBER
35.27	49	40.54	24

U	W	CORRECTED FOR TIES Z	2-TAILED P
503.0	973.0	-1.0552	.2913

AFFECTIVE INHIBITION

GROUP	= 1.	GROUP	= 2.
MEAN RANK	NUMBER	MEAN RANK	NUMBER
37.67	49	35.63	24

U	W	CORRECTED FOR TIES Z	2-TAILED P
555.0	855.0	.3949	.6929

AFFECTIVE DISTURBANCE

GROUP	= 1.	GROUP	= 2.
MEAN RANK	NUMBER	MEAN RANK	NUMBER
39.06	49	32.79	24

U	W	CORRECTED FOR TIES Z	2-TAILED P
487.0	787.0	1.2103	.2261

DENIAL

GROUP	= 1.	GROUP	= 2.
MEAN RANK	NUMBER	MEAN RANK	NUMBER
39.92	49	31.04	24

U	W	CORRECTED FOR TIES Z	2-TAILED P
445.0	745.0	1.7040	.0884

IRRITABILITY

```
GROUP          =            1.      GROUP          =           2.
MEAN RANK          NUMBER          MEAN RANK          NUMBER
    35.70              49              32.65              24

                                    CORRECTED FOR TIES
      U                W                Z          2-TAILED P
    524.5            951.5           -.7613          .4465
```

- -

APPENDIX V

PART B

SECTION 5
(Pages B.5.35 to B.5.50).

3. This section describes statistical analysis between two groups of all the patients in the study who had a Low Life Events score and who suffered from either:

(a) TMJ Dysfunction (Group 1), or
(b) dental pain (i.e. controls) (Group 2)

T TEST

VARIABLE	NUMBER OF CASES	MEAN	STANDARD DEVIATION	STANDARD ERROR
AGE				
GROUP 1	54	44.8889	20.512	2.791
GROUP 2	29	45.9310	17.780	3.302

		POOLED VARIANCE ESTIMATE			SEPARATE VARIANCE ESTIMATE		
F VALUE	2-TAIL PROB.	T VALUE	DEGREES OF FREEDOM	2-TAIL PROB.	T VALUE	DEGREES OF FREEDOM	2-TAIL PROB.
1.33	.417	-.23	81	.818	-.24	64.83	.810

VARIABLE	NUMBER OF CASES	MEAN	STANDARD DEVIATION	STANDARD ERROR
ANAMNESTIC INDEX				
GROUP 1	54	2.0000	0	0
GROUP 2	29	.4828	.871	.162

		POOLED VARIANCE ESTIMATE			SEPARATE VARIANCE ESTIMATE		
F VALUE	2-TAIL PROB.	T VALUE	DEGREES OF FREEDOM	2-TAIL PROB.	T VALUE	DEGREES OF FREEDOM	2-TAIL PROB.
0	1.000	12.37	81	.000	9.38	28.00	.000

VARIABLE	NUMBER OF CASES	MEAN	STANDARD DEVIATION	STANDARD ERROR
CLINICAL INDEX				
GROUP 1	54	1.4259	.536	.073
GROUP 2	26	.5769	.504	.099

		POOLED VARIANCE ESTIMATE			SEPARATE VARIANCE ESTIMATE		
F VALUE	2-TAIL PROB.	T VALUE	DEGREES OF FREEDOM	2-TAIL PROB.	T VALUE	DEGREES OF FREEDOM	2-TAIL PROB.
1.13	.757	6.77	78	.000	6.91	52.30	.000

VARIABLE	NUMBER OF CASES	MEAN	STANDARD DEVIATION	STANDARD ERROR
MUSCLE INDEX				
GROUP 1	54	1.4815	.637	.087
GROUP 2	26	.3077	.471	.092

		POOLED VARIANCE ESTIMATE			SEPARATE VARIANCE ESTIMATE		
F VALUE	2-TAIL PROB.	T VALUE	DEGREES OF FREEDOM	2-TAIL PROB.	T VALUE	DEGREES OF FREEDOM	2-TAIL PROB.
1.83	.102	8.35	78	.000	9.27	64.75	.000

VARIABLE	NUMBER OF CASES	MEAN	STANDARD DEVIATION	STANDARD ERROR
TMJ INDEX				
GROUP 1	54	1.3889	.656	.089
GROUP 2	26	.3846	.496	.097

		POOLED VARIANCE ESTIMATE			SEPARATE VARIANCE ESTIMATE		
F VALUE	2-TAIL PROB.	T VALUE	DEGREES OF FREEDOM	2-TAIL PROB.	T VALUE	DEGREES OF FREEDOM	2-TAIL PROB.
1.75	.129	6.90	78	.000	7.60	63.59	.000

VARIABLE	NUMBER OF CASES	MEAN	STANDARD DEVIATION	STANDARD ERROR
NUMBER OF NATURAL TEETH				
GROUP 1	53	17.0943	12.037	1.653
GROUP 2	27	20.5556	8.559	1.647

		POOLED VARIANCE ESTIMATE			SEPARATE VARIANCE ESTIMATE		
F VALUE	2-TAIL PROB.	T VALUE	DEGREES OF FREEDOM	2-TAIL PROB.	T VALUE	DEGREES OF FREEDOM	2-TAIL PROB.
1.98	.062	-1.33	78	.187	-1.48	69.51	.143

VARIABLE	NUMBER OF CASES	MEAN	STANDARD DEVIATION	STANDARD ERROR
TEETH INDEX				
GROUP 1	53	1.2830	.885	.122
GROUP 2	27	1.6296	.492	.095

		POOLED VARIANCE ESTIMATE			SEPARATE VARIANCE ESTIMATE		
F VALUE	2-TAIL PROB.	T VALUE	DEGREES OF FREEDOM	2-TAIL PROB.	T VALUE	DEGREES OF FREEDOM	2-TAIL PROB.
3.24	.002	-1.89	78	.063	-2.25	77.32	.027

VARIABLE	NUMBER OF CASES	MEAN	STANDARD DEVIATION	STANDARD ERROR
CONTACTS				
GROUP 1	53	23.6038	7.233	.994
GROUP 2	27	21.0000	9.253	1.781

		POOLED VARIANCE ESTIMATE			SEPARATE VARIANCE ESTIMATE		
F VALUE	2-TAIL PROB.	T VALUE	DEGREES OF FREEDOM	2-TAIL PROB.	T VALUE	DEGREES OF FREEDOM	2-TAIL PROB.
1.64	.131	1.38	78	.171	1.28	42.64	.208

VARIABLE	NUMBER OF CASES	MEAN	STANDARD DEVIATION	STANDARD ERROR
GENERAL HYPOCHONDRIASIS				
GROUP 1	54	1.3148	1.692	.230
GROUP 2	29	.9655	1.295	.240

		POOLED VARIANCE ESTIMATE			SEPARATE VARIANCE ESTIMATE		
F VALUE	2-TAIL PROB.	T VALUE	DEGREES OF FREEDOM	2-TAIL PROB.	T VALUE	DEGREES OF FREEDOM	2-TAIL PROB.
1.71	.123	.97	81	.335	1.05	71.22	.298

VARIABLE	NUMBER OF CASES	MEAN	STANDARD DEVIATION	STANDARD ERROR
DISEASE CONVICTION				
GROUP 1	54	1.7407	1.362	.185
GROUP 2	29	.7586	.736	.146

		POOLED VARIANCE ESTIMATE			SEPARATE VARIANCE ESTIMATE		
F VALUE	2-TAIL PROB.	T VALUE	DEGREES OF FREEDOM	2-TAIL PROB.	T VALUE	DEGREES OF FREEDOM	2-TAIL PROB.
3.00	.002	3.57	81	.001	4.16	80.51	.000

VARIABLE	NUMBER OF CASES	MEAN	STANDARD DEVIATION	STANDARD ERROR
PSYCHOLOGICAL V SOMATIC FOCUSING				
GROUP 1	54	1.5185	.841	.114
GROUP 2	29	2.0690	.593	.110

		POOLED VARIANCE ESTIMATE			SEPARATE VARIANCE ESTIMATE		
F VALUE	2-TAIL PROB.	T VALUE	DEGREES OF FREEDOM	2-TAIL PROB.	T VALUE	DEGREES OF FREEDOM	2-TAIL PROB.
2.01	.048	-3.13	81	.002	-3.46	74.92	.001

VARIABLE	NUMBER OF CASES	MEAN	STANDARD DEVIATION	STANDARD ERROR
AFFECTIVE INHIBITION				
GROUP 1	54	2.1852	1.518	.207
GROUP 2	29	2.1379	1.642	.305

		POOLED VARIANCE ESTIMATE			SEPARATE VARIANCE ESTIMATE		
F VALUE	2-TAIL PROB.	T VALUE	DEGREES OF FREEDOM	2-TAIL PROB.	T VALUE	DEGREES OF FREEDOM	2-TAIL PROB.
1.17	.612	.13	81	.896	.13	53.65	.898

VARIABLE	NUMBER OF CASES	MEAN	STANDARD DEVIATION	STANDARD ERROR
AFFECTIVE DISTURBANCE				
GROUP 1	54	2.1852	1.727	.235
GROUP 2	29	1.2069	1.497	.278

		POOLED VARIANCE ESTIMATE			SEPARATE VARIANCE ESTIMATE		
F VALUE	2-TAIL PROB.	T VALUE	DEGREES OF FREEDOM	2-TAIL PROB.	T VALUE	DEGREES OF FREEDOM	2-TAIL PROB.
1.33	.416	2.57	81	.012	2.69	64.84	.009

VARIABLE	NUMBER OF CASES	MEAN	STANDARD DEVIATION	STANDARD ERROR
DENIAL				
GROUP 1	54	3.4074	1.473	.200
GROUP 2	29	3.1724	1.583	.294

		POOLED VARIANCE ESTIMATE			SEPARATE VARIANCE ESTIMATE		
F VALUE	2-TAIL PROB.	T VALUE	DEGREES OF FREEDOM	2-TAIL PROB.	T VALUE	DEGREES OF FREEDOM	2-TAIL PROB.
1.15	.640	.68	81	.502	.66	53.95	.512

VARIABLE	NUMBER OF CASES	MEAN	STANDARD DEVIATION	STANDARD ERROR
IRRITABILITY				
GROUP 1	54	1.7778	1.550	.211
GROUP 2	29	1.1724	1.391	.258

		POOLED VARIANCE ESTIMATE			SEPARATE VARIANCE ESTIMATE		
F VALUE	2-TAIL PROB.	T VALUE	DEGREES OF FREEDOM	2-TAIL PROB.	T VALUE	DEGREES OF FREEDOM	2-TAIL PROB.
1.24	.541	1.76	81	.083	1.82	63.01	.074

VARIABLE	NUMBER OF CASES	MEAN	STANDARD DEVIATION	STANDARD ERROR
AFFECTIVE STATE				
GROUP 1	54	5.2778	3.774	.514
GROUP 2	29	3.3448	3.199	.594

		POOLED VARIANCE ESTIMATE			SEPARATE VARIANCE ESTIMATE		
F VALUE	2-TAIL PROB.	T VALUE	DEGREES OF FREEDOM	2-TAIL PROB.	T VALUE	DEGREES OF FREEDOM	2-TAIL PROB.
1.39	.347	2.34	81	.022	2.46	66.01	.016

VARIABLE	NUMBER OF CASES	MEAN	STANDARD DEVIATION	STANDARD ERROR
DISEASE AFFIRMATION				
GROUP 1	54	5.2222	1.920	.261
GROUP 2	29	3.6897	.761	.141

		POOLED VARIANCE ESTIMATE			SEPARATE VARIANCE ESTIMATE		
F VALUE	2-TAIL PROB.	T VALUE	DEGREES OF FREEDOM	2-TAIL PROB.	T VALUE	DEGREES OF FREEDOM	2-TAIL PROB.
6.37	.000	4.12	81	.000	5.16	76.20	.000

VARIABLE	NUMBER OF CASES	MEAN	STANDARD DEVIATION	STANDARD ERROR
DISCRIMINANT FUNCTION				
GROUP 1	54	55.1000	13.978	1.902
GROUP 2	29	43.3517	7.796	1.448

		POOLED VARIANCE ESTIMATE			SEPARATE VARIANCE ESTIMATE		
F VALUE	2-TAIL PROB.	T VALUE	DEGREES OF FREEDOM	2-TAIL PROB.	T VALUE	DEGREES OF FREEDOM	2-TAIL PROB.
3.21	.001	4.18	81	.000	4.91	80.84	.000

VARIABLE	NUMBER OF CASES	MEAN	STANDARD DEVIATION	STANDARD ERROR
WHITELEY INDEX				
GROUP 1	54	2.9074	2.810	.382
GROUP 2	29	1.6897	1.606	.298

F VALUE	2-TAIL PROB.	POOLED VARIANCE ESTIMATE T VALUE	DEGREES OF FREEDOM	2-TAIL PROB.	SEPARATE VARIANCE ESTIMATE T VALUE	DEGREES OF FREEDOM	2-TAIL PROB.
3.06	.002	2.15	81	.035	2.51	80.62	.014

VARIABLE	NUMBER OF CASES	MEAN	STANDARD DEVIATION	STANDARD ERROR
SPIELBERGER STATE SCORE				
GROUP 1	47	36.1702	9.803	1.430
GROUP 2	26	34.6538	10.537	2.067

F VALUE	2-TAIL PROB.	POOLED VARIANCE ESTIMATE T VALUE	DEGREES OF FREEDOM	2-TAIL PROB.	SEPARATE VARIANCE ESTIMATE T VALUE	DEGREES OF FREEDOM	2-TAIL PROB.
1.16	.656	.62	71	.540	.60	48.61	.549

VARIABLE	NUMBER OF CASES	MEAN	STANDARD DEVIATION	STANDARD ERROR
SPIELBERGER TRAIT SCORE				
GROUP 1	48	37.4375	8.710	1.257
GROUP 2	24	34.7083	8.212	1.676

F VALUE	2-TAIL PROB.	POOLED VARIANCE ESTIMATE T VALUE	DEGREES OF FREEDOM	2-TAIL PROB.	SEPARATE VARIANCE ESTIMATE T VALUE	DEGREES OF FREEDOM	2-TAIL PROB.
1.13	.778	1.28	70	.206	1.30	48.63	.199

VARIABLE	NUMBER OF CASES	MEAN	STANDARD DEVIATION	STANDARD ERROR
ZUNG DEPRESSION SCORE				
GROUP 1	41	35.5854	9.113	1.423
GROUP 2	22	32.2727	8.773	1.870

		POOLED VARIANCE ESTIMATE			SEPARATE VARIANCE ESTIMATE		
F VALUE	2-TAIL PROB.	T VALUE	DEGREES OF FREEDOM	2-TAIL PROB.	T VALUE	DEGREES OF FREEDOM	2-TAIL PROB.
1.08	.875	1.39	61	.169	1.41	44.52	.165

VARIABLE	NUMBER OF CASES	MEAN	STANDARD DEVIATION	STANDARD ERROR
LIFE EVENTS				
GROUP 1	54	162.2222	110.454	15.031
GROUP 2	29	144.5517	107.481	19.959

		POOLED VARIANCE ESTIMATE			SEPARATE VARIANCE ESTIMATE		
F VALUE	2-TAIL PROB.	T VALUE	DEGREES OF FREEDOM	2-TAIL PROB.	T VALUE	DEGREES OF FREEDOM	2-TAIL PROB.
1.06	.897	.70	81	.485	.71	58.78	.482

VARIABLE	NUMBER OF CASES	MEAN	STANDARD DEVIATION	STANDARD ERROR
SERIOUS EVENTS				
GROUP 1	54	106.8333	90.190	12.273
GROUP 2	29	86.7586	72.226	13.412

		POOLED VARIANCE ESTIMATE			SEPARATE VARIANCE ESTIMATE		
F VALUE	2-TAIL PROB.	T VALUE	DEGREES OF FREEDOM	2-TAIL PROB.	T VALUE	DEGREES OF FREEDOM	2-TAIL PROB.
1.56	.205	1.03	81	.305	1.10	68.98	.273

CHI SQUARE TEST

```
            SEXUAL  PROBLEMS
    COUNT   I
  ROW PCT   I                              ROW
  COL PCT   I                              TOTAL
  TOT PCT   I        7.I        8.I
         ---I--------I---------I
       1.   I    50  I     4   I          54
            I  92.6  I   7.4   I        65.1
            I  64.1  I  80.0   I
            I  60.2  I   4.8   I
           -I--------I---------I
       2.   I    23  I     1   I          29
            I  96.6  I   3.4   I        34.9
            I  35.9  I  20.0   I
            I  33.7  I   1.2   I
           -I--------I---------I
   COLUMN        78        5               83
    TOTAL      94.0      6.0            100.0

CORRECTED CHI SQ =       .05711 1 D.F., SIG. =    .8111
      RAW CHI SQ =       .52240 1 D.F., SIG. =    .4698
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         RADIOGRAPHIC  INDEX
    COUNT   I
  ROW PCT   I                                        ROW
  COL PCT   I                                        TOTAL
  TOT PCT   I        0I        1.I        2.I
         ---I--------I---------I---------I
       1.   I     8  I     6   I    16   I          30
            I  26.7  I  20.0   I  53.3   I        66.7
            I  61.5  I  66.7   I  69.6   I
            I  17.8  I  13.3   I  35.6   I
           -I--------I---------I---------I
       2.   I     5  I     3   I     7   I          15
            I  33.3  I  20.0   I  46.7   I        33.3
            I  38.5  I  33.3   I  30.4   I
            I  11.1  I   6.7   I  15.6   I
           -I--------I---------I---------I
   COLUMN        13         9        23              45
    TOTAL      28.9      20.0      51.1           100.0

RAW CHI SQ =       .24080 WITH      2 D.F., SIG. =    .8366

MISSING OBSERVATIONS -          38
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            MUSCLE  INDEX
    COUNT   I
  ROW PCT   I                                        ROW
  COL PCT   I                                        TOTAL
  TOT PCT   I        0I        1.I        2.I
         ---I--------I---------I---------I
       1.   I     4  I    20   I    30   I          54
            I   7.4  I  37.0   I  55.6   I        67.5
            I  18.2  I  71.4   I 100.0   I
            I   5.0  I  25.0   I  37.5   I
           -I--------I---------I---------I
       2.   I    18  I     8   I     0   I          26
            I  69.2  I  30.8   I     0   I        32.5
            I  81.8  I  28.6   I     0   I
            I  22.5  I  10.0   I     0   I
           -I--------I---------I---------I
   COLUMN        22        28        30              80
    TOTAL      27.5      35.0      37.5           100.0

RAW CHI SQ =    39.03356 WITH      2 D.F., SIG. =    .0000

MISSING OBSERVATIONS -           3
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TMJ INDEX

COUNT / ROW PCT / COL PCT / TOT PCT	0	1.	2.	ROW TOTAL
1.	5	23	26	54
	9.3	42.6	48.1	67.5
	23.8	69.7	100.0	
	6.3	28.8	32.5	
2.	16	10	0	26
	61.5	38.5	0	32.5
	76.2	30.3	0	
	20.0	12.5	0	
COLUMN TOTAL	21	33	26	80
	26.2	41.3	32.5	100.0

RAW CHI SQ = 30.96395 WITH 2 D.F., SIG. = .0000

MISSING OBSERVATIONS - 3

- -

TEETH INDEX

COUNT / ROW PCT / COL PCT / TOT PCT	0	1.	2.	ROW TOTAL
1.	15	8	30	53
	28.3	15.1	56.6	66.2
	100.0	44.4	63.8	
	18.8	10.0	37.5	
2.	0	10	17	27
	0	37.0	63.0	33.7
	0	55.6	36.2	
	0	12.5	21.2	
COLUMN TOTAL	15	18	47	80
	18.8	22.5	58.7	100.0

RAW CHI SQ = 11.59242 WITH 2 D.F., SIG. = .0030

MISSING OBSERVATIONS - 3

- -

CLINICAL INDEX

COUNT / ROW PCT / COL PCT / TOT PCT	0	1.	2.	ROW TOTAL
1.	1	29	24	54
	1.9	53.7	44.4	67.5
	8.3	65.9	100.0	
	1.2	36.2	30.0	
2.	11	15	0	26
	42.3	57.7	0	32.5
	91.7	34.1	0	
	13.7	18.8	0	
COLUMN TOTAL	12	44	24	80
	15.0	55.0	30.0	100.0

RAW CHI SQ = 30.75542 WITH 2 D.F., SIG. = .0000

MISSING OBSERVATIONS - 3

OCCUPATION

COUNT / ROW PCT / COL PCT / TOT PCT	1.	2.	3.	5.	6.	ROW TOTAL
1.	2 3.7 50.0 2.4	21 38.9 70.0 25.3	5 9.3 55.6 6.0	1 1.9 50.0 1.2	1 1.9 50.0 1.2	54 65.1
2.	2 6.9 50.0 2.4	9 31.0 30.0 10.8	4 13.8 44.4 4.8	1 3.4 50.0 1.2	1 3.4 50.0 1.2	29 34.9
COLUMN TOTAL	4 4.8	30 36.1	9 10.8	2 2.4	2 2.4	83 100.0

OCCUPATION

COUNT / ROW PCT / COL PCT / TOT PCT	7.	8.	9.	ROW TOTAL
1.	10 18.5 76.9 12.0	6 11.1 54.5 7.2	8 14.8 66.7 9.6	54 65.1
2.	3 10.3 23.1 3.6	5 17.2 45.5 6.0	4 13.8 33.3 4.8	29 34.9
COLUMN TOTAL	13 15.7	11 13.3	12 14.5	83 100.0

RAW CHI SQ = 2.83133 WITH 7 D.F., SIG. = .9002

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MANN WHITNEY U TEST

SERIOUS EVENTS

GROUP	=	1.	GROUP	=	2.
MEAN RANK		NUMBER	MEAN RANK		NUMBER
43.52		54	39.17		29

U	W	Z (CORRECTED FOR TIES)	2-TAILED P (CORRECTED FOR TIES)
701.0	1136.0	.7388	.4302

LIFE EVENTS

GROUP	=	1.	GROUP	=	2.
MEAN RANK		NUMBER	MEAN RANK		NUMBER
43.26		54	39.62		29

U	W	Z (CORRECTED FOR TIES)	2-TAILED P (CORRECTED FOR TIES)
714.0	1149.0	.6606	.5088

ZUNG DEPRESSION SCORE

GROUP	=	1.	GROUP	=	2.
MEAN RANK		NUMBER	MEAN RANK		NUMBER
34.39		41	27.55		22

U	W	Z (CORRECTED FOR TIES)	2-TAILED P (CORRECTED FOR TIES)
353.0	606.0	1.4145	.1572

SPIELBERGER TRAIT SCORE

GROUP	=	1.	GROUP	=	2.
MEAN RANK		NUMBER	MEAN RANK		NUMBER
38.94		43	31.62		24

U	W	Z (CORRECTED FOR TIES)	2-TAILED P (CORRECTED FOR TIES)
459.0	759.0	1.3994	.1617

SPIELBERGER STATE SCORE

GROUP	=	1.	GROUP	=	2.
MEAN RANK		NUMBER	MEAN RANK		NUMBER
38.14		47	34.94		26

U	W	Z (CORRECTED FOR TIES)	2-TAILED P (CORRECTED FOR TIES)
557.5	908.5	.6169	.5373

WHITELEY INDEX

GROUP = 1.		GROUP = 2.	
MEAN RANK	NUMBER	MEAN RANK	NUMBER
45.27	54	35.91	29

		CORRECTED FOR TIES	
U	W	Z	2-TAILED P
606.5	1041.5	1.7151	.0863

DISCRIMINANT FUNCTION

GROUP = 1.		GROUP = 2.	
MEAN RANK	NUMBER	MEAN RANK	NUMBER
49.62	54	27.81	29

		CORRECTED FOR TIES	
U	W	Z	2-TAILED P
371.5	806.5	3.9309	.0001

DISEASE AFFIRMATION

GROUP = 1.		GROUP = 2.	
MEAN RANK	NUMBER	MEAN RANK	NUMBER
49.11	54	28.76	29

		CORRECTED FOR TIES	
U	W	Z	2-TAILED P
399.0	834.0	3.7605	.0002

AFFECTIVE STATE

GROUP = 1.		GROUP = 2.	
MEAN RANK	NUMBER	MEAN RANK	NUMBER
47.07	54	32.55	29

		CORRECTED FOR TIES	
U	W	Z	2-TAILED P
509.0	944.0	2.6335	.0085

GENERAL HYPOCHONDRIASIS

GROUP = 1.		GROUP = 2.	
MEAN RANK	NUMBER	MEAN RANK	NUMBER
43.39	54	39.41	29

		CORRECTED FOR TIES	
U	W	Z	2-TAILED P
708.0	1143.0	.7595	.4476

DISEASE CONVICTION

GROUP	=	1.	GROUP	=	2.
MEAN RANK	NUMBER		MEAN RANK	NUMBER	
48.07	54		30.69	29	

		CORRECTED FOR TIES	
U	W	Z	2-TAILED P
455.0	890.0	3.2455	.0012

PSYCHOLOGICAL V SOMATIC FOCUSING

GROUP	=	1.	GROUP	=	2.
MEAN RANK	NUMBER		MEAN RANK	NUMBER	
37.11	54		51.10	29	

		CORRECTED FOR TIES	
U	W	Z	2-TAILED P
519.0	1432.0	-2.8709	.0041

AFFECTIVE INHIBITION

GROUP	=	1.	GROUP	=	2.
MEAN RANK	NUMBER		MEAN RANK	NUMBER	
42.24	54		41.55	29	

		CORRECTED FOR TIES	
U	W	Z	2-TAILED P
770.0	1205.0	.1265	.8993

AFFECTIVE DISTURBANCE

GROUP	=	1.	GROUP	=	2.
MEAN RANK	NUMBER		MEAN RANK	NUMBER	
46.86	54		32.95	29	

		CORRECTED FOR TIES	
U	W	Z	2-TAILED P
520.5	955.5	2.5689	.0102

DENIAL

GROUP	=	1.	GROUP	=	2.
MEAN RANK	NUMBER		MEAN RANK	NUMBER	
43.27	54		39.64	29	

		CORRECTED FOR TIES	
U	W	Z	2-TAILED P
714.5	1149.5	.6724	.5013

IRRITABILITY

GROUP = 1.		GROUP = 2.	
MEAN RANK	NUMBER	MEAN RANK	NUMBER
45.57	54	35.34	29

		CORRECTED FOR TIES	
U	W	Z	2-TAILED P
590.0	1025.0	1.9026	.0571

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APPENDIX V

PART B

SECTION 5

(Pages B.5.51 to B.5.66).

4. This section describes statistical analysis between two groups of all the control patients in the study (who presented with dental pain) but who had either:

   (a) clinical signs and symptoms of TMJ Dysfunction (Group 1), or

   (b) no clinical symptoms of TMJ Dysfunction (Group 2).

T TEST

VARIABLE	NUMBER OF CASES	MEAN	STANDARD DEVIATION	STANDARD ERROR
AGE				
GROUP 1	32	39.5938	19.038	3.365
GROUP 2	21	38.0476	13.833	3.019

F VALUE	2-TAIL PROB.	POOLED VARIANCE ESTIMATE T VALUE	DEGREES OF FREEDOM	2-TAIL PROB.	SEPARATE VARIANCE ESTIMATE T VALUE	DEGREES OF FREEDOM	2-TAIL PROB.
1.89	.138	.32	51	.750	.34	50.39	.734

VARIABLE	NUMBER OF CASES	MEAN	STANDARD DEVIATION	STANDARD ERROR
ANAMNESTIC INDEX				
GROUP 1	32	.8750	1.008	.178
GROUP 2	21	.4762	.873	.190

F VALUE	2-TAIL PROB.	POOLED VARIANCE ESTIMATE T VALUE	DEGREES OF FREEDOM	2-TAIL PROB.	SEPARATE VARIANCE ESTIMATE T VALUE	DEGREES OF FREEDOM	2-TAIL PROB.
1.33	.506	1.43	51	.144	1.53	47.07	.133

VARIABLE	NUMBER OF CASES	MEAN	STANDARD DEVIATION	STANDARD ERROR
CLINICAL INDEX				
GROUP 1	25	1.0000	0	0
GROUP 2	21	0	0	0

F VALUE	2-TAIL PROB.	POOLED VARIANCE ESTIMATE T VALUE	DEGREES OF FREEDOM	2-TAIL PROB.	SEPARATE VARIANCE ESTIMATE T VALUE	DEGREES OF FREEDOM	2-TAIL PROB.
0	1.000	0	44	1.000	0	0	.500

VARIABLE	NUMBER OF CASES	MEAN	STANDARD DEVIATION	STANDARD ERROR
MUSCLE INDEX				
GROUP 1	25	.5200	.510	.102
GROUP 2	21	0	0	0

		POOLED VARIANCE ESTIMATE			SEPARATE VARIANCE ESTIMATE		
F VALUE	2-TAIL PROB.	T VALUE	DEGREES OF FREEDOM	2-TAIL PROB.	T VALUE	DEGREES OF FREEDOM	2-TAIL PROB.
0	1.000	4.66	44	.000	5.10	24.00	.000

VARIABLE	NUMBER OF CASES	MEAN	STANDARD DEVIATION	STANDARD ERROR
TMJ INDEX				
GROUP 1	25	.6800	.557	.111
GROUP 2	21	0	0	0

		POOLED VARIANCE ESTIMATE			SEPARATE VARIANCE ESTIMATE		
F VALUE	2-TAIL PROB.	T VALUE	DEGREES OF FREEDOM	2-TAIL PROB.	T VALUE	DEGREES OF FREEDOM	2-TAIL PROB.
0	1.000	5.59	44	.000	6.11	24.00	.000

VARIABLE	NUMBER OF CASES	MEAN	STANDARD DEVIATION	STANDARD ERROR
NUMBER OF NATURAL TEETH				
GROUP 1	26	22.7308	7.247	1.421
GROUP 2	21	22.7143	7.988	1.743

		POOLED VARIANCE ESTIMATE			SEPARATE VARIANCE ESTIMATE		
F VALUE	2-TAIL PROB.	T VALUE	DEGREES OF FREEDOM	2-TAIL PROB.	T VALUE	DEGREES OF FREEDOM	2-TAIL PROB.
1.21	.638	.01	45	.994	.01	40.95	.994

VARIABLE	NUMBER OF CASES	MEAN	STANDARD DEVIATION	STANDARD ERROR
TEETH INDEX				
GROUP 1	26	1.7308	.452	.089
GROUP 2	21	1.7619	.436	.095

		POOLED VARIANCE ESTIMATE			SEPARATE VARIANCE ESTIMATE		
F VALUE	2-TAIL PROB.	T VALUE	DEGREES OF FREEDOM	2-TAIL PROB.	T VALUE	DEGREES OF FREEDOM	2-TAIL PROB.
1.07	.880	-.24	45	.813	-.24	43.54	.812

VARIABLE	NUMBER OF CASES	MEAN	STANDARD DEVIATION	STANDARD ERROR
CONTACTS				
GROUP 1	26	22.4615	7.695	1.509
GROUP 2	21	21.7619	9.011	1.966

		POOLED VARIANCE ESTIMATE			SEPARATE VARIANCE ESTIMATE		
F VALUE	2-TAIL PROB.	T VALUE	DEGREES OF FREEDOM	2-TAIL PROB.	T VALUE	DEGREES OF FREEDOM	2-TAIL PROB.
1.37	.451	.29	45	.775	.28	39.53	.779

VARIABLE	NUMBER OF CASES	MEAN	STANDARD DEVIATION	STANDARD ERROR
GENERAL HYPOCHONDRIASIS				
GROUP 1	32	1.4063	1.965	.347
GROUP 2	21	.9048	1.261	.275

		POOLED VARIANCE ESTIMATE			SEPARATE VARIANCE ESTIMATE		
F VALUE	2-TAIL PROB.	T VALUE	DEGREES OF FREEDOM	2-TAIL PROB.	T VALUE	DEGREES OF FREEDOM	2-TAIL PROB.
2.43	.041	1.04	51	.305	1.13	50.99	.263

VARIABLE	NUMBER OF CASES	MEAN	STANDARD DEVIATION	STANDARD ERROR
DISEASE CONVICTION				
GROUP 1	32	1.3438	1.310	.232
GROUP 2	21	1.0000	.837	.183

		POOLED VARIANCE ESTIMATE			SEPARATE VARIANCE ESTIMATE		
F VALUE	2-TAIL PROB.	T VALUE	DEGREES OF FREEDOM	2-TAIL PROB.	T VALUE	DEGREES OF FREEDOM	2-TAIL PROB.
2.45	.039	1.07	51	.291	1.17	50.98	.249

VARIABLE	NUMBER OF CASES	MEAN	STANDARD DEVIATION	STANDARD ERROR
PSYCHOLOGICAL V SOMATIC FOCUSING				
GROUP 1	32	1.9688	.740	.131
GROUP 2	21	2.1429	.573	.125

		POOLED VARIANCE ESTIMATE			SEPARATE VARIANCE ESTIMATE		
F VALUE	2-TAIL PROB.	T VALUE	DEGREES OF FREEDOM	2-TAIL PROB.	T VALUE	DEGREES OF FREEDOM	2-TAIL PROB.
1.67	.235	-.91	51	.366	-.96	49.48	.341

VARIABLE	NUMBER OF CASES	MEAN	STANDARD DEVIATION	STANDARD ERROR
AFFECTIVE INHIBITION				
GROUP 1	32	2.1250	1.680	.297
GROUP 2	21	2.4762	1.692	.369

		POOLED VARIANCE ESTIMATE			SEPARATE VARIANCE ESTIMATE		
F VALUE	2-TAIL PROB.	T VALUE	DEGREES OF FREEDOM	2-TAIL PROB.	T VALUE	DEGREES OF FREEDOM	2-TAIL PROB.
1.01	.950	-.74	51	.461	-.74	42.72	.463

VARIABLE	NUMBER OF CASES	MEAN	STANDARD DEVIATION	STANDARD ERROR
AFFECTIVE DISTURBANCE				
GROUP 1	32	1.7500	1.606	.284
GROUP 2	21	1.3810	1.532	.334

		POOLED VARIANCE ESTIMATE			SEPARATE VARIANCE ESTIMATE		
F VALUE	2-TAIL PROB.	T VALUE	DEGREES OF FREEDOM	2-TAIL PROB.	T VALUE	DEGREES OF FREEDOM	2-TAIL PROB.
1.10	.841	.83	51	.409	.84	44.37	.405

VARIABLE	NUMBER OF CASES	MEAN	STANDARD DEVIATION	STANDARD ERROR
DENIAL				
GROUP 1	32	2.7188	1.611	.285
GROUP 2	21	2.6190	1.802	.393

		POOLED VARIANCE ESTIMATE			SEPARATE VARIANCE ESTIMATE		
F VALUE	2-TAIL PROB.	T VALUE	DEGREES OF FREEDOM	2-TAIL PROB.	T VALUE	DEGREES OF FREEDOM	2-TAIL PROB.
1.25	.562	.21	51	.834	.21	39.48	.838

VARIABLE	NUMBER OF CASES	MEAN	STANDARD DEVIATION	STANDARD ERROR
IRRITABILITY				
GROUP 1	32	2.1563	1.687	.298
GROUP 2	21	1.2381	1.091	.238

		POOLED VARIANCE ESTIMATE			SEPARATE VARIANCE ESTIMATE		
F VALUE	2-TAIL PROB.	T VALUE	DEGREES OF FREEDOM	2-TAIL PROB.	T VALUE	DEGREES OF FREEDOM	2-TAIL PROB.
2.39	.045	2.21	51	.032	2.41	51.00	.020

VARIABLE	NUMBER OF CASES	MEAN	STANDARD DEVIATION	STANDARD ERROR
AFFECTIVE STATE				
GROUP 1	32	5.3125	4.482	.792
GROUP 2	21	3.5238	2.657	.580

		POOLED VARIANCE ESTIMATE			SEPARATE VARIANCE ESTIMATE		
F VALUE	2-TAIL PROB.	T VALUE	DEGREES OF FREEDOM	2-TAIL PROB.	T VALUE	DEGREES OF FREEDOM	2-TAIL PROB.
2.35	.017	1.65	51	.106	1.82	50.60	.074

VARIABLE	NUMBER OF CASES	MEAN	STANDARD DEVIATION	STANDARD ERROR
DISEASE AFFIRMATION				
GROUP 1	32	4.3750	1.531	.280
GROUP 2	21	3.8571	.854	.186

		POOLED VARIANCE ESTIMATE			SEPARATE VARIANCE ESTIMATE		
F VALUE	2-TAIL PROB.	T VALUE	DEGREES OF FREEDOM	2-TAIL PROB.	T VALUE	DEGREES OF FREEDOM	2-TAIL PROB.
3.43	.005	1.37	51	.176	1.54	49.51	.129

VARIABLE	NUMBER OF CASES	MEAN	STANDARD DEVIATION	STANDARD ERROR
DISCRIMINANT FUNCTION				
GROUP 1	32	46.6281	11.882	2.100
GROUP 2	21	42.4429	8.105	1.769

		POOLED VARIANCE ESTIMATE			SEPARATE VARIANCE ESTIMATE		
F VALUE	2-TAIL PROB.	T VALUE	DEGREES OF FREEDOM	2-TAIL PROB.	T VALUE	DEGREES OF FREEDOM	2-TAIL PROB.
2.15	.077	1.41	51	.164	1.52	50.89	.134

VARIABLE	NUMBER OF CASES	MEAN	STANDARD DEVIATION	STANDARD ERROR
WHITELEY INDEX				
GROUP 1	32	2.5625	2.422	.428
GROUP 2	21	1.7619	1.179	.257

		POOLED VARIANCE ESTIMATE			SEPARATE VARIANCE ESTIMATE		
F VALUE	2-TAIL PROB.	T VALUE	DEGREES OF FREEDOM	2-TAIL PROB.	T VALUE	DEGREES OF FREEDOM	2-TAIL PROB.
4.22	.001	1.41	51	.166	1.60	47.78	.116

VARIABLE	NUMBER OF CASES	MEAN	STANDARD DEVIATION	STANDARD ERROR
SPIELBERGER STATE SCORE				
GROUP 1	30	40.5000	13.967	2.550
GROUP 2	18	36.5000	9.895	2.332

		POOLED VARIANCE ESTIMATE			SEPARATE VARIANCE ESTIMATE		
F VALUE	2-TAIL PROB.	T VALUE	DEGREES OF FREEDOM	2-TAIL PROB.	T VALUE	DEGREES OF FREEDOM	2-TAIL PROB.
1.99	.138	1.06	46	.293	1.16	44.59	.253

VARIABLE	NUMBER OF CASES	MEAN	STANDARD DEVIATION	STANDARD ERROR
SPIELBERGER TRAIT SCORE				
GROUP 1	28	40.8571	11.138	2.105
GROUP 2	18	35.2222	7.758	1.829

		POOLED VARIANCE ESTIMATE			SEPARATE VARIANCE ESTIMATE		
F VALUE	2-TAIL PROB.	T VALUE	DEGREES OF FREEDOM	2-TAIL PROB.	T VALUE	DEGREES OF FREEDOM	2-TAIL PROB.
2.06	.123	1.87	44	.068	2.02	43.65	.049

VARIABLE	NUMBER OF CASES	MEAN	STANDARD DEVIATION	STANDARD ERROR
ZUNG DEPRESSION SCORE				
GROUP 1	25	38.3600	11.536	2.307
GROUP 2	18	32.5556	9.451	2.228

		POOLED VARIANCE ESTIMATE			SEPARATE VARIANCE ESTIMATE		
F VALUE	2-TAIL PROB.	T VALUE	DEGREES OF FREEDOM	2-TAIL PROB.	T VALUE	DEGREES OF FREEDOM	2-TAIL PROB.
1.49	.401	1.75	41	.087	1.81	40.24	.078

VARIABLE	NUMBER OF CASES	MEAN	STANDARD DEVIATION	STANDARD ERROR
LIFE EVENTS				
GROUP 1	32	326.5625	278.773	49.281
GROUP 2	21	375.3810	254.372	55.618

		POOLED VARIANCE ESTIMATE			SEPARATE VARIANCE ESTIMATE		
F VALUE	2-TAIL PROB.	T VALUE	DEGREES OF FREEDOM	2-TAIL PROB.	T VALUE	DEGREES OF FREEDOM	2-TAIL PROB.
1.20	.685	-.64	51	.522	-.66	45.60	.514

VARIABLE	NUMBER OF CASES	MEAN	STANDARD DEVIATION	STANDARD ERROR
SERIOUS EVENTS				
GROUP 1	32	234.5000	226.825	40.097
GROUP 2	21	251.2857	205.641	44.874

		POOLED VARIANCE ESTIMATE			SEPARATE VARIANCE ESTIMATE		
F VALUE	2-TAIL PROB.	T VALUE	DEGREES OF FREEDOM	2-TAIL PROB.	T VALUE	DEGREES OF FREEDOM	2-TAIL PROB.
1.22	.656	-.27	51	.786	-.28	45.84	.782

CHI SQUARE TEST

SEXUAL PROBLEMS

COUNT / ROW PCT / COL PCT / TOT PCT	7.	3.	ROW TOTAL
1.	25 78.1 56.8 47.2	7 21.9 77.8 13.2	32 60.4
2.	19 90.5 43.2 35.8	2 9.5 22.2 3.8	21 39.6
COLUMN TOTAL	44 83.0	9 17.0	53 100.0

CORRECTED CHI SQ = .63578 1 D.F., SIG. = .4252
RAW CHI SQ = 1.37204 1 D.F., SIG. = .2415

RADIOGRAPHIC INDEX

COUNT / ROW PCT / COL PCT / TOT PCT	0	1.	2.	ROW TOTAL
1.	7 38.9 87.5 25.0	3 16.7 60.0 10.7	8 44.4 53.3 28.6	18 64.3
2.	1 10.0 12.5 3.6	2 20.0 40.0 7.1	7 70.0 46.7 25.0	10 35.7
COLUMN TOTAL	8 28.6	5 17.9	15 53.6	28 100.0

RAW CHI SQ = 2.70148 WITH 2 D.F., SIG. = .2590

MISSING OBSERVATIONS - 25

MUSCLE INDEX

COUNT / ROW PCT / COL PCT / TOT PCT	0	1.	ROW TOTAL
1.	12 48.0 36.4 26.1	13 52.0 100.0 28.3	25 54.3
2.	21 100.0 63.6 45.7	0 0 0 0	21 45.7
COLUMN TOTAL	33 71.7	13 28.3	46 100.0

CORRECTED CHI SQ = 12.76501 1 D.F., SIG. = .0004
RAW CHI SQ = 15.22182 1 D.F., SIG. = .0001

MISSING OBSERVATIONS - 7

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              TMJ INDEX
        COUNT  I
      ROW PCT  I                                          ROW
      COL PCT  I                                         TOTAL
      TOT PCT  I         0I        1.I        2.I
            ---I---------I---------I---------I
          1.   I     9   I    15   I     1   I       25
               I  36.0   I  60.0   I   4.0   I     54.3
               I  30.0   I 100.0   I 100.0   I
               I  19.6   I  32.6   I   2.2   I
              -I---------I---------I---------I
          2.   I    21   I     0   I     0   I       21
               I 100.0   I     0   I     0   I     45.7
               I  70.0   I     0   I     0   I
               I  45.7   I     0   I     0   I
              -I---------I---------I---------I
        COLUMN      30         15          1         46
         TOTAL    65.2       32.6        2.2      100.0

RAW CHI SQ =     20.60800 WITH      2 D.F., SIG. =    .0000

MISSING OBSERVATIONS -          7

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            TEETH INDEX
        COUNT  I
      ROW PCT  I                           ROW
      COL PCT  I                          TOTAL
      TOT PCT  I        1.I        2.I
            ---I---------I---------I
          1.   I     7   I    19   I        26
               I  26.9   I  73.1   I      55.3
               I  58.3   I  54.3   I
               I  14.9   I  40.4   I
              -I---------I---------I
          2.   I     5   I    16   I        21
               I  23.8   I  76.2   I      44.7
               I  41.7   I  45.7   I
               I  10.6   I  34.0   I
              -I---------I---------I
        COLUMN      12         35           47
         TOTAL    25.5       74.5        100.0

CORRECTED CHI SQ =             0 1 D.F., SIG. =  1.0000
      RAW CHI SQ =        .05923 1 D.F., SIG. =   .8077

MISSING OBSERVATIONS -          6

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           CLINICAL INDEX
        COUNT  I
      ROW PCT  I                           ROW
      COL PCT  I                          TOTAL
      TOT PCT  I         0I        1.I
            ---I---------I---------I
          1.   I     0   I    25   I        25
               I     0   I 100.0   I      54.3
               I     0   I 100.0   I
               I     0   I  54.3   I
              -I---------I---------I
          2.   I    21   I     0   I        21
               I 100.0   I     0   I      45.7
               I 100.0   I     0   I
               I  45.7   I     0   I
              -I---------I---------I
        COLUMN      21         25           46
         TOTAL    45.7       54.3        100.0

CORRECTED CHI SQ =      42.05781 1 D.F., SIG. =   .0000
      RAW CHI SQ =      46.00000 1 D.F., SIG. =   .0000

MISSING OBSERVATIONS -          7

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ANAMNESTIC INDEX

COUNT / ROW PCT / COL PCT / TOT PCT	0	2.	ROW TOTAL
1.	18 56.3 52.9 34.0	14 43.8 73.7 26.4	32 60.4
2.	16 76.2 47.1 30.2	5 23.8 26.3 9.4	21 39.6
COLUMN TOTAL	34 64.2	19 35.8	53 100.0

CORRECTED CHI SQ = 1.41088 1 D.F., SIG. = .2349
RAW CHI SQ = 2.19222 1 D.F., SIG. = .1387

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COUNTRY

COUNT / ROW PCT / COL PCT / TOT PCT	1.	2.	3.	4.	6.	ROW TOTAL
1.	20 62.5 54.1 37.7	2 6.3 40.0 3.8	1 3.1 100.0 1.9	1 3.1 100.0 1.9	8 25.0 88.9 15.1	32 60.4
2.	17 81.0 45.9 32.1	3 14.3 60.0 5.7	0 0 0 0	0 0 0 0	1 4.8 11.1 1.9	21 39.6
COLUMN TOTAL	37 69.8	5 9.4	1 1.9	1 1.9	9 17.0	53 100.0

RAW CHI SQ = 5.85696 WITH 4 D.F., SIG. = .2101

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TOTAL TEETH INDEX

COUNT / ROW PCT / COL PCT / TOT PCT	1.	2.	ROW TOTAL
1.	2 7.7 40.0 4.3	24 92.3 57.1 51.1	26 55.3
2.	3 14.3 60.0 6.4	18 85.7 42.9 38.3	21 44.7
COLUMN TOTAL	5 10.6	42 89.4	47 100.0

CORRECTED CHI SQ = .06405 1 D.F., SIG. = .8002
RAW CHI SQ = .53124 1 D.F., SIG. = .4661

MISSING OBSERVATIONS - 6

OCCUPATION

COUNT / ROW PCT / COL PCT / TOT PCT		1.	2.	3.	5.	6.	ROW TOTAL
1.	COUNT	1	10	2	3	2	32
	ROW PCT	3.1	31.3	6.3	9.4	6.3	60.4
	COL PCT	33.3	71.4	40.0	75.0	100.0	
	TOT PCT	1.9	18.9	3.8	5.7	3.8	
2.	COUNT	2	4	3	1	0	21
	ROW PCT	9.5	19.0	14.3	4.8	0	39.6
	COL PCT	66.7	28.6	60.0	25.0	0	
	TOT PCT	3.8	7.5	5.7	1.9	0	
COLUMN TOTAL		3	14	5	4	2	53
		5.7	26.4	9.4	7.5	3.8	100.0

OCCUPATION

COUNT / ROW PCT / COL PCT / TOT PCT		7.	8.	9.	ROW TOTAL
1.	COUNT	4	3	7	32
	ROW PCT	12.5	9.4	21.9	60.4
	COL PCT	80.0	25.0	87.5	
	TOT PCT	7.5	5.7	13.2	
2.	COUNT	1	9	1	21
	ROW PCT	4.8	42.9	4.8	39.6
	COL PCT	20.0	75.0	12.5	
	TOT PCT	1.9	17.0	1.9	
COLUMN TOTAL		5	12	8	53
		9.4	22.6	15.1	100.0

RAW CHI SQ = 13.71242 WITH 7 D.F., SIG. = .0565

MANN WHITNEY U TEST

SERIOUS EVENTS

GROUP 1 MEAN RANK	NUMBER	GROUP 2 MEAN RANK	NUMBER
26.06	32	28.43	21

U	W	Z (CORRECTED FOR TIES)	2-TAILED P
306.0	597.0	-.5460	.5851

LIFE EVENTS

GROUP = 1. MEAN RANK	NUMBER	GROUP = 2. MEAN RANK	NUMBER
25.53	32	29.24	21

U	W	Z (CORRECTED FOR TIES)	2-TAILED P
289.0	614.0	-.8549	.3926

ZUNG DEPRESSION SCORE

GROUP = 1. MEAN RANK	NUMBER	GROUP = 2. MEAN RANK	NUMBER
24.52	25	18.50	18

U	W	Z (CORRECTED FOR TIES)	2-TAILED P
162.0	333.0	1.5541	.1202

SPIELBERGER TRAIT SCORE

GROUP = 1. MEAN RANK	NUMBER	GROUP = 2. MEAN RANK	NUMBER
25.96	23	19.67	18

U	W	Z (CORRECTED FOR TIES)	2-TAILED P
183.0	354.0	1.5549	.1200

SPIELBERGER STATE SCORE

GROUP = 1. MEAN RANK	NUMBER	GROUP = 2. MEAN RANK	NUMBER
25.97	30	22.06	18

U	W	Z (CORRECTED FOR TIES)	2-TAILED P
226.0	397.0	.9379	.3483

WHITELEY INDEX

GROUP = 1.			GROUP = 2.		
MEAN RANK	NUMBER		MEAN RANK	NUMBER	
28.08	32		25.36	21	
			CORRECTED FOR TIES		
U	W		Z	2-TAILED P	
301.5	532.5		.6422	.5208	

DISCRIMINANT FUNCTION

GROUP = 1.			GROUP = 2.		
MEAN RANK	NUMBER		MEAN RANK	NUMBER	
29.55	32		23.12	21	
			CORRECTED FOR TIES		
U	W		Z	2-TAILED P	
254.5	485.5		1.4824	.1382	

DISEASE AFFIRMATION

GROUP = 1.			GROUP = 2.		
MEAN RANK	NUMBER		MEAN RANK	NUMBER	
28.70	32		24.40	21	
			CORRECTED FOR TIES		
U	W		Z	2-TAILED P	
281.5	512.5		1.0443	.2963	

AFFECTIVE STATE

GROUP = 1.			GROUP = 2.		
MEAN RANK	NUMBER		MEAN RANK	NUMBER	
29.09	32		23.81	21	
			CORRECTED FOR TIES		
U	W		Z	2-TAILED P	
269.0	500.0		1.2281	.2194	

GENERAL HYPOCHONDRIASIS

GROUP = 1.			GROUP = 2.		
MEAN RANK	NUMBER		MEAN RANK	NUMBER	
27.98	32		25.50	21	
			CORRECTED FOR TIES		
U	W		Z	2-TAILED P	
304.5	535.5		.6156	.5381	

DISEASE CONVICTION

GROUP = 1.		GROUP = 2.	
MEAN RANK	NUMBER	MEAN RANK	NUMBER
27.87	32	25.67	21

		CORRECTED FOR TIES	
U	W	Z	2-TAILED P
308.0	539.0	.5454	.5855

PSYCHOLOGICAL V SOMATIC FOCUSING

GROUP = 1.		GROUP = 2.	
MEAN RANK	NUMBER	MEAN RANK	NUMBER
25.36	32	29.50	21

		CORRECTED FOR TIES	
U	W	Z	2-TAILED P
283.5	619.5	-1.0903	.2756

AFFECTIVE INHIBITION

GROUP = 1.		GROUP = 2.	
MEAN RANK	NUMBER	MEAN RANK	NUMBER
25.84	32	28.76	21

		CORRECTED FOR TIES	
U	W	Z	2-TAILED P
299.0	604.0	-.6832	.4913

AFFECTIVE DISTURBANCE

GROUP = 1.		GROUP = 2.	
MEAN RANK	NUMBER	MEAN RANK	NUMBER
28.41	32	24.86	21

		CORRECTED FOR TIES	
U	W	Z	2-TAILED P
291.0	522.0	.8457	.3977

DENIAL

GROUP = 1.		GROUP = 2.	
MEAN RANK	NUMBER	MEAN RANK	NUMBER
27.36	32	26.45	21

		CORRECTED FOR TIES	
U	W	Z	2-TAILED P
324.5	555.5	.2126	.8317

IRRITABILITY

GROUP =	1.	GROUP =	2.
MEAN RANK	NUMBER	MEAN RANK	NUMBER
30.25	32	22.05	21

		CORRECTED FOR TIES	
U	W	Z	2-TAILED P
232.0	463.0	1.9422	.0521

- -

APPENDIX V

PART B

SECTION 5

(Pages B.5.67 to B.5.82).

5. This section describes statistical analysis between two groups of all patients in the study who had a high anxiety state score (i.e. above 40) and who suffered from either:

(a) TMJ Dysfunction (Group 1), or
(b) dental pain (i.e. controls) (Group 2).

T TEST

VARIABLE	NUMBER OF CASES	MEAN	STANDARD DEVIATION	STANDARD ERROR
AGE				
GROUP 1	41	44.2927	21.029	3.284
GROUP 2	22	35.9091	19.299	4.115

		POOLED VARIANCE ESTIMATE			SEPARATE VARIANCE ESTIMATE		
F VALUE	2-TAIL PROB.	T VALUE	DEGREES OF FREEDOM	2-TAIL PROB.	T VALUE	DEGREES OF FREEDOM	2-TAIL PROB.
1.19	.687	1.55	61	.126	1.59	46.39	.118

VARIABLE	NUMBER OF CASES	MEAN	STANDARD DEVIATION	STANDARD ERROR
ANAMNESTIC INDEX				
GROUP 1	41	1.9512	.312	.049
GROUP 2	22	.8182	1.006	.215

		POOLED VARIANCE ESTIMATE			SEPARATE VARIANCE ESTIMATE		
F VALUE	2-TAIL PROB.	T VALUE	DEGREES OF FREEDOM	2-TAIL PROB.	T VALUE	DEGREES OF FREEDOM	2-TAIL PROB.
10.38	.000	6.67	61	.000	5.15	23.19	.000

VARIABLE	NUMBER OF CASES	MEAN	STANDARD DEVIATION	STANDARD ERROR
CLINICAL INDEX				
GROUP 1	41	1.3171	.471	.074
GROUP 2	19	.6316	.496	.114

		POOLED VARIANCE ESTIMATE			SEPARATE VARIANCE ESTIMATE		
F VALUE	2-TAIL PROB.	T VALUE	DEGREES OF FREEDOM	2-TAIL PROB.	T VALUE	DEGREES OF FREEDOM	2-TAIL PROB.
1.11	.762	5.16	58	.000	5.06	33.58	.000

VARIABLE	NUMBER OF CASES	MEAN	STANDARD DEVIATION	STANDARD ERROR
MUSCLE INDEX				
GROUP 1	41	1.5122	.637	.100
GROUP 2	19	.3684	.496	.114

		POOLED VARIANCE ESTIMATE			SEPARATE VARIANCE ESTIMATE		
F VALUE	2-TAIL PROB.	T VALUE	DEGREES OF FREEDOM	2-TAIL PROB.	T VALUE	DEGREES OF FREEDOM	2-TAIL PROB.
1.65	.251	6.90	58	.000	7.57	44.42	.000

VARIABLE	NUMBER OF CASES	MEAN	STANDARD DEVIATION	STANDARD ERROR
TMJ INDEX				
GROUP 1	41	1.3415	.617	.096
GROUP 2	19	.3684	.496	.114

		POOLED VARIANCE ESTIMATE			SEPARATE VARIANCE ESTIMATE		
F VALUE	2-TAIL PROB.	T VALUE	DEGREES OF FREEDOM	2-TAIL PROB.	T VALUE	DEGREES OF FREEDOM	2-TAIL PROB.
1.55	.319	6.03	58	.000	6.53	43.12	.000

VARIABLE	NUMBER OF CASES	MEAN	STANDARD DEVIATION	STANDARD ERROR
NUMBER OF NATURAL TEETH				
GROUP 1	41	16.5610	11.940	1.865
GROUP 2	19	23.0000	7.416	1.701

		POOLED VARIANCE ESTIMATE			SEPARATE VARIANCE ESTIMATE		
F VALUE	2-TAIL PROB.	T VALUE	DEGREES OF FREEDOM	2-TAIL PROB.	T VALUE	DEGREES OF FREEDOM	2-TAIL PROB.
2.59	.033	-2.16	58	.035	-2.55	52.88	.014

VARIABLE	NUMBER OF CASES	MEAN	STANDARD DEVIATION	STANDARD ERROR
TEETH INDEX				
GROUP 1	41	1.2439	.888	.139
GROUP 2	19	1.7368	.452	.104

F VALUE	2-TAIL PROB.	POOLED VARIANCE ESTIMATE T VALUE	DEGREES OF FREEDOM	2-TAIL PROB.	SEPARATE VARIANCE ESTIMATE T VALUE	DEGREES OF FREEDOM	2-TAIL PROB.
3.85	.003	-2.28	58	.026	-2.85	57.37	.006

VARIABLE	NUMBER OF CASES	MEAN	STANDARD DEVIATION	STANDARD ERROR
CONTACTS				
GROUP 1	41	23.9512	6.812	1.064
GROUP 2	19	23.2632	6.715	1.541

F VALUE	2-TAIL PROB.	POOLED VARIANCE ESTIMATE T VALUE	DEGREES OF FREEDOM	2-TAIL PROB.	SEPARATE VARIANCE ESTIMATE T VALUE	DEGREES OF FREEDOM	2-TAIL PROB.
1.03	.985	.37	58	.716	.37	35.61	.715

VARIABLE	NUMBER OF CASES	MEAN	STANDARD DEVIATION	STANDARD ERROR
GENERAL HYPOCHONDRIASIS				
GROUP 1	41	2.2439	1.921	.300
GROUP 2	22	1.5000	2.177	.464

F VALUE	2-TAIL PROB.	POOLED VARIANCE ESTIMATE T VALUE	DEGREES OF FREEDOM	2-TAIL PROB.	SEPARATE VARIANCE ESTIMATE T VALUE	DEGREES OF FREEDOM	2-TAIL PROB.
1.28	.485	1.40	61	.167	1.35	38.67	.186

VARIABLE	NUMBER OF CASES	MEAN	STANDARD DEVIATION	STANDARD ERROR
DISEASE CONVICTION				
GROUP 1	41	2.5854	1.643	.257
GROUP 2	22	1.7273	1.453	.310

		POOLED VARIANCE ESTIMATE			SEPARATE VARIANCE ESTIMATE		
F VALUE	2-TAIL PROB.	T VALUE	DEGREES OF FREEDOM	2-TAIL PROB.	T VALUE	DEGREES OF FREEDOM	2-TAIL PROB.
1.28	.556	2.05	61	.044	2.13	47.85	.038

VARIABLE	NUMBER OF CASES	MEAN	STANDARD DEVIATION	STANDARD ERROR
PSYCHOLOGICAL V SOMATIC FOCUSING				
GROUP 1	41	1.6098	1.159	.181
GROUP 2	22	2.1364	.834	.178

		POOLED VARIANCE ESTIMATE			SEPARATE VARIANCE ESTIMATE		
F VALUE	2-TAIL PROB.	T VALUE	DEGREES OF FREEDOM	2-TAIL PROB.	T VALUE	DEGREES OF FREEDOM	2-TAIL PROB.
1.93	.108	-1.88	61	.065	-2.08	55.71	.043

VARIABLE	NUMBER OF CASES	MEAN	STANDARD DEVIATION	STANDARD ERROR
AFFECTIVE INHIBITION				
GROUP 1	41	2.3902	1.547	.242
GROUP 2	22	2.7273	1.609	.343

		POOLED VARIANCE ESTIMATE			SEPARATE VARIANCE ESTIMATE		
F VALUE	2-TAIL PROB.	T VALUE	DEGREES OF FREEDOM	2-TAIL PROB.	T VALUE	DEGREES OF FREEDOM	2-TAIL PROB.
1.08	.807	-.81	61	.419	-.80	41.63	.426

VARIABLE	NUMBER OF CASES	MEAN	STANDARD DEVIATION	STANDARD ERROR
AFFECTIVE DISTURBANCE				
GROUP 1	41	3.3659	1.479	.231
GROUP 2	22	2.4545	1.535	.327

		POOLED VARIANCE ESTIMATE			SEPARATE VARIANCE ESTIMATE		
F VALUE	2-TAIL PROB.	T VALUE	DEGREES OF FREEDOM	2-TAIL PROB.	T VALUE	DEGREES OF FREEDOM	2-TAIL PROB.
1.08	.817	2.30	61	.025	2.28	41.71	.028

VARIABLE	NUMBER OF CASES	MEAN	STANDARD DEVIATION	STANDARD ERROR
DENIAL				
GROUP 1	41	2.7805	1.666	.260
GROUP 2	22	2.2727	1.667	.355

		POOLED VARIANCE ESTIMATE			SEPARATE VARIANCE ESTIMATE		
F VALUE	2-TAIL PROB.	T VALUE	DEGREES OF FREEDOM	2-TAIL PROB.	T VALUE	DEGREES OF FREEDOM	2-TAIL PROB.
1.00	.966	1.15	61	.253	1.15	43.05	.255

VARIABLE	NUMBER OF CASES	MEAN	STANDARD DEVIATION	STANDARD ERROR
IRRITABILITY				
GROUP 1	41	2.7317	1.844	.288
GROUP 2	22	2.4545	1.738	.371

		POOLED VARIANCE ESTIMATE			SEPARATE VARIANCE ESTIMATE		
F VALUE	2-TAIL PROB.	T VALUE	DEGREES OF FREEDOM	2-TAIL PROB.	T VALUE	DEGREES OF FREEDOM	2-TAIL PROB.
1.13	.790	.58	61	.564	.59	45.34	.558

VARIABLE	NUMBER OF CASES	MEAN	STANDARD DEVIATION	STANDARD ERROR
AFFECTIVE STATE				
GROUP 1	41	8.3415	3.752	.586
GROUP 2	22	6.4091	4.687	.999

		POOLED VARIANCE ESTIMATE			SEPARATE VARIANCE ESTIMATE		
F VALUE	2-TAIL PROB.	T VALUE	DEGREES OF FREEDOM	2-TAIL PROB.	T VALUE	DEGREES OF FREEDOM	2-TAIL PROB.
1.56	.223	1.78	61	.079	1.67	35.71	.104

VARIABLE	NUMBER OF CASES	MEAN	STANDARD DEVIATION	STANDARD ERROR
DISEASE AFFIRMATION				
GROUP 1	41	5.9756	2.318	.362
GROUP 2	22	4.5909	1.843	.393

		POOLED VARIANCE ESTIMATE			SEPARATE VARIANCE ESTIMATE		
F VALUE	2-TAIL PROB.	T VALUE	DEGREES OF FREEDOM	2-TAIL PROB.	T VALUE	DEGREES OF FREEDOM	2-TAIL PROB.
1.53	.262	2.42	61	.019	2.59	52.09	.012

VARIABLE	NUMBER OF CASES	MEAN	STANDARD DEVIATION	STANDARD ERROR
DISCRIMINANT FUNCTION				
GROUP 1	41	57.3561	18.332	2.863
GROUP 2	22	45.6727	14.281	3.045

		POOLED VARIANCE ESTIMATE			SEPARATE VARIANCE ESTIMATE		
F VALUE	2-TAIL PROB.	T VALUE	DEGREES OF FREEDOM	2-TAIL PROB.	T VALUE	DEGREES OF FREEDOM	2-TAIL PROB.
1.65	.222	2.59	61	.012	2.80	52.86	.007

VARIABLE	NUMBER OF CASES	MEAN	STANDARD DEVIATION	STANDARD ERROR
WHITELEY INDEX				
GROUP 1	41	4.8049	3.027	.473
GROUP 2	22	2.9091	2.543	.542

		POOLED VARIANCE ESTIMATE			SEPARATE VARIANCE ESTIMATE		
F VALUE	2-TAIL PROB.	T VALUE	DEGREES OF FREEDOM	2-TAIL PROB.	T VALUE	DEGREES OF FREEDOM	2-TAIL PROB.
1.42	.396	2.50	61	.015	2.64	49.92	.011

VARIABLE	NUMBER OF CASES	MEAN	STANDARD DEVIATION	STANDARD ERROR
SPIELBERGER STATE SCORE				
GROUP 1	30	52.5000	8.839	1.614
GROUP 2	17	52.0000	10.700	2.595

		POOLED VARIANCE ESTIMATE			SEPARATE VARIANCE ESTIMATE		
F VALUE	2-TAIL PROB.	T VALUE	DEGREES OF FREEDOM	2-TAIL PROB.	T VALUE	DEGREES OF FREEDOM	2-TAIL PROB.
1.47	.361	.17	45	.864	.16	28.42	.871

VARIABLE	NUMBER OF CASES	MEAN	STANDARD DEVIATION	STANDARD ERROR
SPIELBERGER TRAIT SCORE				
GROUP 1	31	47.9677	12.098	2.173
GROUP 2	17	47.1765	9.593	2.327

		POOLED VARIANCE ESTIMATE			SEPARATE VARIANCE ESTIMATE		
F VALUE	2-TAIL PROB.	T VALUE	DEGREES OF FREEDOM	2-TAIL PROB.	T VALUE	DEGREES OF FREEDOM	2-TAIL PROB.
1.59	.329	.23	46	.817	.25	39.90	.805

VARIABLE	NUMBER OF CASES	MEAN	STANDARD DEVIATION	STANDARD ERROR
ZUNG DEPRESSION SCORE				
GROUP 1	27	45.2593	9.209	1.772
GROUP 2	17	44.7647	9.530	2.311

		POOLED VARIANCE ESTIMATE			SEPARATE VARIANCE ESTIMATE		
F VALUE	2-TAIL PROB.	T VALUE	DEGREES OF FREEDOM	2-TAIL PROB.	T VALUE	DEGREES OF FREEDOM	2-TAIL PROB.
1.07	.852	.17	42	.865	.17	33.27	.866

VARIABLE	NUMBER OF CASES	MEAN	STANDARD DEVIATION	STANDARD ERROR
LIFE EVENTS				
GROUP 1	40	409.0250	305.438	48.294
GROUP 2	22	439.5455	302.703	64.537

		POOLED VARIANCE ESTIMATE			SEPARATE VARIANCE ESTIMATE		
F VALUE	2-TAIL PROB.	T VALUE	DEGREES OF FREEDOM	2-TAIL PROB.	T VALUE	DEGREES OF FREEDOM	2-TAIL PROB.
1.02	.994	-.38	60	.707	-.38	43.72	.707

VARIABLE	NUMBER OF CASES	MEAN	STANDARD DEVIATION	STANDARD ERROR
SERIOUS EVENTS				
GROUP 1	40	310.3000	256.581	40.569
GROUP 2	22	324.8636	266.183	56.750

		POOLED VARIANCE ESTIMATE			SEPARATE VARIANCE ESTIMATE		
F VALUE	2-TAIL PROB.	T VALUE	DEGREES OF FREEDOM	2-TAIL PROB.	T VALUE	DEGREES OF FREEDOM	2-TAIL PROB.
1.08	.819	-.21	60	.834	-.21	42.04	.836

CHI SQUARE TEST

SEXUAL PROBLEMS

COUNT / ROW PCT / COL PCT / TOT PCT	7.	3.	ROW TOTAL
1.	29 72.5 64.4 46.8	11 27.5 64.7 17.7	40 64.5
2.	16 72.7 35.6 25.8	6 27.3 35.3 9.7	22 35.5
COLUMN TOTAL	45 72.6	17 27.4	62 100.0

CORRECTED CHI SQ = 0 1 D.F., SIG. = 1.0000
RAW CHI SQ = .00037 1 D.F., SIG. = .9847

MISSING OBSERVATIONS - 1

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RADIOGRAPHIC INDEX

COUNT / ROW PCT / COL PCT / TOT PCT	0	1.	2.	ROW TOTAL
1.	7 26.9 63.6 17.9	3 11.5 60.0 7.7	16 61.5 69.6 41.0	26 66.7
2.	4 30.8 36.4 10.3	2 15.4 40.0 5.1	7 53.8 30.4 17.9	13 33.3
COLUMN TOTAL	11 28.2	5 12.8	23 59.0	39 100.0

RAW CHI SQ = .23241 WITH 2 D.F., SIG. = .8903

MISSING OBSERVATIONS - 24

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MUSCLE INDEX

COUNT / ROW PCT / COL PCT / TOT PCT	0	1.	2.	ROW TOTAL
1.	3 7.3 20.0 5.0	14 34.1 66.7 23.3	24 58.5 100.0 40.0	41 68.3
2.	12 63.2 80.0 20.0	7 36.8 33.3 11.7	0 0 0 0	19 31.7
COLUMN TOTAL	15 25.0	21 35.0	24 40.0	60 100.0

RAW CHI SQ = 27.34275 WITH 2 D.F., SIG. = .0000

MISSING OBSERVATIONS - 3

- -

8.5.76

TMJ INDEX

COUNT / ROW PCT / COL PCT / TOT PCT	0	1.	2.	ROW TOTAL
1.	3	21	17	41
	7.3	51.2	41.5	68.3
	20.0	75.0	100.0	
	5.0	35.0	28.3	
2.	12	7	0	19
	63.2	36.8	0	31.7
	80.0	25.0	0	
	20.0	11.7	0	
COLUMN TOTAL	15	28	17	60
	25.0	46.7	28.3	100.0

RAW CHI SQ = 24.64698 WITH 2 D.F., SIG. = .0000

MISSING OBSERVATIONS - 3

- -

TEETH INDEX

COUNT / ROW PCT / COL PCT / TOT PCT	0	1.	2.	ROW TOTAL
1.	12	7	22	41
	29.3	17.1	53.7	68.3
	100.0	58.3	61.1	
	20.0	11.7	36.7	
2.	0	5	14	19
	0	26.3	73.7	31.7
	0	41.7	38.9	
	0	8.3	23.3	
COLUMN TOTAL	12	12	36	60
	20.0	20.0	60.0	100.0

RAW CHI SQ = 6.98331 WITH 2 D.F., SIG. = .0305

MISSING OBSERVATIONS - 3

- -

CLINICAL INDEX

COUNT / ROW PCT / COL PCT / TOT PCT	0	1.	2.	ROW TOTAL
1.	0	28	13	41
	0	68.3	31.7	68.3
	0	70.0	100.0	
	0	46.7	21.7	
2.	7	12	0	19
	36.8	63.2	0	31.7
	100.0	30.0	0	
	11.7	20.0	0	
COLUMN TOTAL	7	40	13	60
	11.7	66.7	21.7	100.0

RAW CHI SQ = 21.18100 WITH 2 D.F., SIG. = .0000

MISSING OBSERVATIONS - 3

3.5.77

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         ANAMNESTIC INDEX
 COUNT   I
ROW PCT  I                           ROW
COL PCT  I                           TOTAL
TOT PCT  I        0I        2.I
      ---I---------I---------I
      1. I      1  I     40  I        41
         I    2.4  I   97.6  I      65.1
         I    7.1  I   31.6  I
         I    1.6  I   63.5  I
        -I---------I---------I
      2. I     13  I      9  I        22
         I   59.1  I   40.9  I      34.9
         I   92.9  I   18.4  I
         I   20.6  I   14.3  I
        -I---------I---------I
   COLUMN      14        49           63
    TOTAL    22.2      77.8        100.0

CORRECTED CHI SQ =      23.40923 1 D.F., SIG. =   .0000
      RAW CHI SQ =      26.58592 1 D.F., SIG. =   .0000
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          COUNTRY
 COUNT    I
ROW PCT   I                                                        ROW
COL PCT   I                                                        TOTAL
TOT PCT   I       1.I       2.I       3.I       4.I       6.I
       ---I---------I---------I---------I---------I---------I
       1. I     22  I     12  I      1  I      1  I      5  I        41
          I   53.7  I   29.3  I    2.4  I    2.4  I   12.2  I      65.1
          I   59.5  I   85.7  I  100.0  I  100.0  I   50.0  I
          I   34.9  I   19.0  I    1.6  I    1.6  I    7.9  I
         -I---------I---------I---------I---------I---------I
       2. I     15  I      2  I      0  I      0  I      5  I        22
          I   68.2  I    9.1  I      0  I      0  I   22.7  I      34.9
          I   40.5  I   14.3  I      0  I      0  I   50.0  I
          I   23.8  I    3.2  I      0  I      0  I    7.9  I
         -I---------I---------I---------I---------I---------I
    COLUMN      37        14         1         1        10           63
     TOTAL    58.7      22.2       1.6       1.6      15.9        100.0

RAW CHI SQ =      5.21099 WITH      4 D.F., SIG. =    .2663
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          TOTAL TEETH INDEX
 COUNT    I
ROW PCT   I                           ROW
COL PCT   I                           TOTAL
TOT PCT   I       1.I       2.I
       ---I---------I---------I
       1. I      2  I     39  I        41
          I    4.9  I   95.1  I      68.3
          I   66.7  I   68.4  I
          I    3.3  I   65.0  I
         -I---------I---------I
       2. I      1  I     18  I        19
          I    5.3  I   94.7  I      31.7
          I   33.3  I   31.6  I
          I    1.7  I   30.0  I
         -I---------I---------I
    COLUMN       3        57           60
     TOTAL     5.0      95.0        100.0

CORRECTED CHI SQ =             0 1 D.F., SIG. =  1.0000
      RAW CHI SQ =        .00405 1 D.F., SIG. =   .9492

MISSING OBSERVATIONS -         3
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           OCCUPATION
 COUNT    I
ROW PCT   I                                                      ROW
COL PCT   I                                                      TOTAL
TOT PCT   I      1.I      2.I      3.I      5.I      6.I
       ---I--------I--------I--------I--------I--------I
       1. I      2 I     16 I      4 I      0 I      0 I      41
          I    4.9 I   39.0 I    9.8 I      0 I      0 I    65.1
          I  100.0 I   66.7 I  100.0 I      0 I      0 I
          I    3.2 I   25.4 I    6.3 I      0 I      0 I
         -I--------I--------I--------I--------I--------I
       2. I      0 I      8 I      0 I      2 I      2 I      22
          I      0 I   36.4 I      0 I    9.1 I    9.1 I    34.9
          I      0 I   33.3 I      0 I  100.0 I  100.0 I
          I      0 I   12.7 I      0 I    3.2 I    3.2 I
         -I--------I--------I--------I--------I--------I
   COLUMN        2       24        4        2        2        63
    TOTAL      3.2     38.1      6.3      3.2      3.2     100.0


           OCCUPATION
 COUNT    I
ROW PCT   I                             ROW
COL PCT   I                             TOTAL
TOT PCT   I      7.I      8.I      9.I
       ---I--------I--------I--------I
       1. I      7 I      5 I      7 I      41
          I   17.1 I   12.2 I   17.1 I    65.1
          I   70.0 I   62.5 I   63.6 I
          I   11.1 I    7.9 I   11.1 I
         -I--------I--------I--------I
       2. I      3 I      3 I      4 I      22
          I   13.6 I   13.6 I   18.2 I    34.9
          I   30.0 I   37.5 I   36.4 I
          I    4.8 I    4.8 I    6.3 I
         -I--------I--------I--------I
   COLUMN       10        8       11        63
    TOTAL     15.9     12.7     17.5     100.0
RAW CHI SQ =    10.84070 WITH     7 D.F., SIG. =    .1457
- - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - -
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8.5.79

MANN WHITNEY U TEST

SERIOUS EVENTS

GROUP = 1.		GROUP = 2.	
MEAN RANK	NUMBER	MEAN RANK	NUMBER
31.06	40	32.30	22

		CORRECTED FOR TIES	
U	W	Z	2-TAILED P
422.5	710.5	-.2580	.7964

LIFE EVENTS

GROUP = 1.		GROUP = 2.	
MEAN RANK	NUMBER	MEAN RANK	NUMBER
30.77	40	32.82	22

		CORRECTED FOR TIES	
U	W	Z	2-TAILED P
411.0	722.0	-.4270	.6694

ZUNG DEPRESSION SCORE

GROUP = 1.		GROUP = 2.	
MEAN RANK	NUMBER	MEAN RANK	NUMBER
22.78	27	22.06	17

		CORRECTED FOR TIES	
U	W	Z	2-TAILED P
222.0	375.0	.1811	.8563

SPIELBERGER TRAIT SCORE

GROUP = 1.		GROUP = 2.	
MEAN RANK	NUMBER	MEAN RANK	NUMBER
24.98	31	23.62	17

		CORRECTED FOR TIES	
U	W	Z	2-TAILED P
248.5	401.5	.3236	.7462

SPIELBERGER STATE SCORE

GROUP = 1.		GROUP = 2.	
MEAN RANK	NUMBER	MEAN RANK	NUMBER
24.65	30	22.85	17

		CORRECTED FOR TIES	
U	W	Z	2-TAILED P
235.5	388.5	.4325	.6654

8.5.80

WHITELEY INDEX

GROUP	= 1.	GROUP	= 2.
MEAN RANK	NUMBER	MEAN RANK	NUMBER
36.57	41	23.48	22

		CORRECTED FOR TIES	
U	W	Z	2-TAILED P
263.5	516.5	2.7231	.0064

DISCRIMINANT FUNCTION

GROUP	= 1.	GROUP	= 2.
MEAN RANK	NUMBER	MEAN RANK	NUMBER
36.38	41	23.84	22

		CORRECTED FOR TIES	
U	W	Z	2-TAILED P
271.5	524.5	2.5882	.0096

DISEASE AFFIRMATION

GROUP	= 1.	GROUP	= 2.
MEAN RANK	NUMBER	MEAN RANK	NUMBER
36.29	41	24.00	22

		CORRECTED FOR TIES	
U	W	Z	2-TAILED P
275.0	528.0	2.5694	.0102

AFFECTIVE STATE

GROUP	= 1.	GROUP	= 2.
MEAN RANK	NUMBER	MEAN RANK	NUMBER
35.30	41	25.84	22

		CORRECTED FOR TIES	
U	W	Z	2-TAILED P
315.5	568.5	1.9607	.0499

GENERAL HYPOCHONDRIASIS

GROUP	= 1.	GROUP	= 2.
MEAN RANK	NUMBER	MEAN RANK	NUMBER
35.48	41	25.52	22

		CORRECTED FOR TIES	
U	W	Z	2-TAILED P
308.5	561.5	2.1062	.0352

DISEASE CONVICTION

```
GROUP        =        1.      GROUP        =        2.
MEAN RANK          NUMBER     MEAN RANK          NUMBER
   35.71              41         25.09              22

                               CORRECTED FOR TIES
    U                W             Z        2-TAILED P
  299.0            552.0        2.2375         .0253
```

PSYCHOLOGICAL V SOMATIC FOCUSING

```
GROUP        =        1.      GROUP        =        2.
MEAN RANK          NUMBER     MEAN RANK          NUMBER
   28.85              41         37.86              22

                               CORRECTED FOR TIES
    U                W             Z        2-TAILED P
  322.0            833.0       -1.9381         .0526
```

AFFECTIVE INHIBITION

```
GROUP        =        1.      GROUP        =        2.
MEAN RANK          NUMBER     MEAN RANK          NUMBER
   30.62              41         34.57              22

                               CORRECTED FOR TIES
    U                W             Z        2-TAILED P
  394.5            760.5        -.8335         .4018
```

AFFECTIVE DISTURBANCE

```
GROUP        =        1.      GROUP        =        2.
MEAN RANK          NUMBER     MEAN RANK          NUMBER
   35.78              41         24.95              22

                               CORRECTED FOR TIES
    U                W             Z        2-TAILED P
  296.0            549.0        2.3049         .0212
```

DENIAL

```
GROUP        =        1.      GROUP        =        2.
MEAN RANK          NUMBER     MEAN RANK          NUMBER
   33.99              41         28.30              22

                               CORRECTED FOR TIES
    U                W             Z        2-TAILED P
  369.5            622.5        1.1950         .2321
```

8.5.82

IRRITABILITY

GROUP	= 1.	GROUP	= 2.
MEAN RANK	NUMBER	MEAN RANK	NUMBER
32.93	41	30.27	22

		CORRECTED FOR TIES	
U	W	Z	2-TAILED P
413.0	666.0	.5554	.5786

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APPENDIX V

PART B

SECTION 5

(Pages B.5.83 to B.5.98).

6. This section describes statistical analysis between two groups of all the patients in the study who had a low anxiety state score who also suffered from either:

(a) TMJ Dysfunction (Group 1), or

(b) dental pain (i.e. controls) (Group 2).

8.5.83

T TEST
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VARIABLE	NUMBER OF CASES	MEAN	STANDARD DEVIATION	STANDARD ERROR
AGE				
GROUP 1	62	37.6452	18.539	2.355
GROUP 2	31	41.1613	15.184	2.727

		POOLED VARIANCE ESTIMATE			SEPARATE VARIANCE ESTIMATE		
F VALUE	2-TAIL PROB.	T VALUE	DEGREES OF FREEDOM	2-TAIL PROB.	T VALUE	DEGREES OF FREEDOM	2-TAIL PROB.
1.49	.233	-.91	91	.364	-.98	71.78	.332

VARIABLE	NUMBER OF CASES	MEAN	STANDARD DEVIATION	STANDARD ERROR
ANAMNESTIC INDEX				
GROUP 1	62	1.9677	.254	.032
GROUP 2	31	.6452	.950	.171

		POOLED VARIANCE ESTIMATE			SEPARATE VARIANCE ESTIMATE		
F VALUE	2-TAIL PROB.	T VALUE	DEGREES OF FREEDOM	2-TAIL PROB.	T VALUE	DEGREES OF FREEDOM	2-TAIL PROB.
14.00	.000	10.30	91	.000	7.61	32.16	.000

VARIABLE	NUMBER OF CASES	MEAN	STANDARD DEVIATION	STANDARD ERROR
CLINICAL INDEX				
GROUP 1	62	1.4677	.535	.068
GROUP 2	27	.4815	.509	.098

		POOLED VARIANCE ESTIMATE			SEPARATE VARIANCE ESTIMATE		
F VALUE	2-TAIL PROB.	T VALUE	DEGREES OF FREEDOM	2-TAIL PROB.	T VALUE	DEGREES OF FREEDOM	2-TAIL PROB.
1.10	.806	8.11	87	.000	8.27	51.86	.000

VARIABLE	NUMBER OF CASES	MEAN	STANDARD DEVIATION	STANDARD ERROR
MUSCLE INDEX				
GROUP 1	62	1.4516	.645	.082
GROUP 2	27	.2222	.424	.082

		POOLED VARIANCE ESTIMATE			SEPARATE VARIANCE ESTIMATE		
F VALUE	2-TAIL PROB.	T VALUE	DEGREES OF FREEDOM	2-TAIL PROB.	T VALUE	DEGREES OF FREEDOM	2-TAIL PROB.
2.32	.021	9.08	87	.000	10.64	73.17	.000

VARIABLE	NUMBER OF CASES	MEAN	STANDARD DEVIATION	STANDARD ERROR
TMJ INDEX				
GROUP 1	62	1.5161	.620	.079
GROUP 2	27	.3704	.565	.109

		POOLED VARIANCE ESTIMATE			SEPARATE VARIANCE ESTIMATE		
F VALUE	2-TAIL PROB.	T VALUE	DEGREES OF FREEDOM	2-TAIL PROB.	T VALUE	DEGREES OF FREEDOM	2-TAIL PROB.
1.21	.609	8.22	87	.000	8.53	54.13	.000

VARIABLE	NUMBER OF CASES	MEAN	STANDARD DEVIATION	STANDARD ERROR
NUMBER OF NATURAL TEETH				
GROUP 1	59	21.7288	10.237	1.333
GROUP 2	28	22.5357	7.691	1.453

		POOLED VARIANCE ESTIMATE			SEPARATE VARIANCE ESTIMATE		
F VALUE	2-TAIL PROB.	T VALUE	DEGREES OF FREEDOM	2-TAIL PROB.	T VALUE	DEGREES OF FREEDOM	2-TAIL PROB.
1.77	.106	-.37	85	.712	-.41	68.84	.684

VARIABLE	NUMBER OF CASES	MEAN	STANDARD DEVIATION	STANDARD ERROR
TEETH INDEX				
GROUP 1	59	1.6102	.720	.094
GROUP 2	28	1.7500	.441	.083

		POOLED VARIANCE ESTIMATE			SEPARATE VARIANCE ESTIMATE		
F VALUE	2-TAIL PROB.	T VALUE	DEGREES OF FREEDOM	2-TAIL PROB.	T VALUE	DEGREES OF FREEDOM	2-TAIL PROB.
2.66	.007	-.95	85	.347	-1.12	79.36	.268

VARIABLE	NUMBER OF CASES	MEAN	STANDARD DEVIATION	STANDARD ERROR
CONTACTS				
GROUP 1	59	24.8644	6.227	.811
GROUP 2	28	21.3929	9.146	1.728

		POOLED VARIANCE ESTIMATE			SEPARATE VARIANCE ESTIMATE		
F VALUE	2-TAIL PROB.	T VALUE	DEGREES OF FREEDOM	2-TAIL PROB.	T VALUE	DEGREES OF FREEDOM	2-TAIL PROB.
2.16	.015	2.08	85	.041	1.82	39.30	.077

VARIABLE	NUMBER OF CASES	MEAN	STANDARD DEVIATION	STANDARD ERROR
GENERAL HYPOCHONDRIASIS				
GROUP 1	62	.9839	1.361	.173
GROUP 2	31	1.0000	1.317	.236

		POOLED VARIANCE ESTIMATE			SEPARATE VARIANCE ESTIMATE		
F VALUE	2-TAIL PROB.	T VALUE	DEGREES OF FREEDOM	2-TAIL PROB.	T VALUE	DEGREES OF FREEDOM	2-TAIL PROB.
1.07	.863	-.05	91	.957	-.06	61.93	.956

VARIABLE	NUMBER OF CASES	MEAN	STANDARD DEVIATION	STANDARD ERROR
DISEASE CONVICTION				
GROUP 1	62	1.6290	1.296	.165
GROUP 2	31	.8387	.688	.124

		POOLED VARIANCE ESTIMATE			SEPARATE VARIANCE ESTIMATE		
F VALUE	2-TAIL PROB.	T VALUE	DEGREES OF FREEDOM	2-TAIL PROB.	T VALUE	DEGREES OF FREEDOM	2-TAIL PROB.
3.55	.000	3.17	91	.002	3.34	90.61	.000

VARIABLE	NUMBER OF CASES	MEAN	STANDARD DEVIATION	STANDARD ERROR
PSYCHOLOGICAL V SOMATIC FOCUSING				
GROUP 1	62	1.6774	.719	.091
GROUP 2	31	1.9677	.547	.098

		POOLED VARIANCE ESTIMATE			SEPARATE VARIANCE ESTIMATE		
F VALUE	2-TAIL PROB.	T VALUE	DEGREES OF FREEDOM	2-TAIL PROB.	T VALUE	DEGREES OF FREEDOM	2-TAIL PROB.
1.73	.103	-1.98	91	.051	-2.16	76.28	.034

VARIABLE	NUMBER OF CASES	MEAN	STANDARD DEVIATION	STANDARD ERROR
AFFECTIVE INHIBITION				
GROUP 1	62	2.3226	1.576	.200
GROUP 2	31	1.9355	1.672	.300

		POOLED VARIANCE ESTIMATE			SEPARATE VARIANCE ESTIMATE		
F VALUE	2-TAIL PROB.	T VALUE	DEGREES OF FREEDOM	2-TAIL PROB.	T VALUE	DEGREES OF FREEDOM	2-TAIL PROB.
1.13	.681	1.09	91	.277	1.07	57.04	.288

8.5.87

VARIABLE	NUMBER OF CASES	MEAN	STANDARD DEVIATION	STANDARD ERROR
AFFECTIVE DISTURBANCE				
GROUP 1	62	1.6774	1.340	.170
GROUP 2	31	1.0000	1.317	.236

		POOLED VARIANCE ESTIMATE			SEPARATE VARIANCE ESTIMATE		
F VALUE	2-TAIL PROB.	T VALUE	DEGREES OF FREEDOM	2-TAIL PROB.	T VALUE	DEGREES OF FREEDOM	2-TAIL PROB.
1.04	.940	2.31	91	.023	2.33	61.07	.023

VARIABLE	NUMBER OF CASES	MEAN	STANDARD DEVIATION	STANDARD ERROR
DENIAL				
GROUP 1	62	3.3387	1.546	.196
GROUP 2	31	2.9677	1.643	.295

		POOLED VARIANCE ESTIMATE			SEPARATE VARIANCE ESTIMATE		
F VALUE	2-TAIL PROB.	T VALUE	DEGREES OF FREEDOM	2-TAIL PROB.	T VALUE	DEGREES OF FREEDOM	2-TAIL PROB.
1.13	.675	1.07	91	.288	1.05	56.97	.300

VARIABLE	NUMBER OF CASES	MEAN	STANDARD DEVIATION	STANDARD ERROR
IRRITABILITY				
GROUP 1	62	1.5645	1.263	.160
GROUP 2	31	1.3226	1.194	.214

		POOLED VARIANCE ESTIMATE			SEPARATE VARIANCE ESTIMATE		
F VALUE	2-TAIL PROB.	T VALUE	DEGREES OF FREEDOM	2-TAIL PROB.	T VALUE	DEGREES OF FREEDOM	2-TAIL PROB.
1.12	.754	.89	91	.378	.90	63.20	.370

VARIABLE	NUMBER OF CASES	MEAN	STANDARD DEVIATION	STANDARD ERROR
AFFECTIVE STATE				
GROUP 1	62	4.2258	2.557	.325
GROUP 2	31	3.3226	2.713	.487

		POOLED VARIANCE ESTIMATE			SEPARATE VARIANCE ESTIMATE		
F VALUE	2-TAIL PROB.	T VALUE	DEGREES OF FREEDOM	2-TAIL PROB.	T VALUE	DEGREES OF FREEDOM	2-TAIL PROB.
1.13	.631	1.57	91	.119	1.54	57.04	.128

VARIABLE	NUMBER OF CASES	MEAN	STANDARD DEVIATION	STANDARD ERROR
DISEASE AFFIRMATION				
GROUP 1	62	4.9516	1.769	.225
GROUP 2	31	3.8710	.763	.137

		POOLED VARIANCE ESTIMATE			SEPARATE VARIANCE ESTIMATE		
F VALUE	2-TAIL PROB.	T VALUE	DEGREES OF FREEDOM	2-TAIL PROB.	T VALUE	DEGREES OF FREEDOM	2-TAIL PROB.
5.37	.000	3.25	91	.002	4.11	89.62	.000

VARIABLE	NUMBER OF CASES	MEAN	STANDARD DEVIATION	STANDARD ERROR
DISCRIMINANT FUNCTION				
GROUP 1	62	52.5952	13.559	1.722
GROUP 2	31	44.4710	7.329	1.316

		POOLED VARIANCE ESTIMATE			SEPARATE VARIANCE ESTIMATE		
F VALUE	2-TAIL PROB.	T VALUE	DEGREES OF FREEDOM	2-TAIL PROB.	T VALUE	DEGREES OF FREEDOM	2-TAIL PROB.
3.42	.000	3.11	91	.002	3.75	90.37	.000

VARIABLE	NUMBER OF CASES	MEAN	STANDARD DEVIATION	STANDARD ERROR
WHITELEY INDEX				
GROUP 1	62	2.3387	2.374	.302
GROUP 2	31	1.7742	1.477	.265

		POOLED VARIANCE ESTIMATE			SEPARATE VARIANCE ESTIMATE		
F VALUE	2-TAIL PROB.	T VALUE	DEGREES OF FREEDOM	2-TAIL PROB.	T VALUE	DEGREES OF FREEDOM	2-TAIL PROB.
2.59	.006	1.21	91	.229	1.41	86.56	.163

VARIABLE	NUMBER OF CASES	MEAN	STANDARD DEVIATION	STANDARD ERROR
SPIELBERGER STATE SCORE				
GROUP 1	62	32.2097	5.381	.683
GROUP 2	31	31.8710	6.381	1.146

		POOLED VARIANCE ESTIMATE			SEPARATE VARIANCE ESTIMATE		
F VALUE	2-TAIL PROB.	T VALUE	DEGREES OF FREEDOM	2-TAIL PROB.	T VALUE	DEGREES OF FREEDOM	2-TAIL PROB.
1.41	.259	.27	91	.789	.25	51.90	.801

VARIABLE	NUMBER OF CASES	MEAN	STANDARD DEVIATION	STANDARD ERROR
SPIELBERGER TRAIT SCORE				
GROUP 1	60	35.5333	6.526	.843
GROUP 2	29	33.6552	6.784	1.260

		POOLED VARIANCE ESTIMATE			SEPARATE VARIANCE ESTIMATE		
F VALUE	2-TAIL PROB.	T VALUE	DEGREES OF FREEDOM	2-TAIL PROB.	T VALUE	DEGREES OF FREEDOM	2-TAIL PROB.
1.08	.782	1.26	87	.212	1.24	53.57	.221

VARIABLE	NUMBER OF CASES	MEAN	STANDARD DEVIATION	STANDARD ERROR
ZUNG DEPRESSION SCORE				
GROUP 1	54	33.8519	7.257	.987
GROUP 2	26	30.1538	7.530	1.477

		POOLED VARIANCE ESTIMATE			SEPARATE VARIANCE ESTIMATE		
F VALUE	2-TAIL PROB.	T VALUE	DEGREES OF FREEDOM	2-TAIL PROB.	T VALUE	DEGREES OF FREEDOM	2-TAIL PROB.
1.08	.798	2.11	78	.038	2.08	47.85	.043

VARIABLE	NUMBER OF CASES	MEAN	STANDARD DEVIATION	STANDARD ERROR
LIFE EVENTS				
GROUP 1	62	386.4032	339.008	43.054
GROUP 2	31	279.4516	222.452	39.953

		POOLED VARIANCE ESTIMATE			SEPARATE VARIANCE ESTIMATE		
F VALUE	2-TAIL PROB.	T VALUE	DEGREES OF FREEDOM	2-TAIL PROB.	T VALUE	DEGREES OF FREEDOM	2-TAIL PROB.
2.32	.013	1.62	91	.108	1.85	84.25	.067

VARIABLE	NUMBER OF CASES	MEAN	STANDARD DEVIATION	STANDARD ERROR
SERIOUS EVENTS				
GROUP 1	62	277.7258	268.200	34.061
GROUP 2	31	181.7419	151.961	27.293

		POOLED VARIANCE ESTIMATE			SEPARATE VARIANCE ESTIMATE		
F VALUE	2-TAIL PROB.	T VALUE	DEGREES OF FREEDOM	2-TAIL PROB.	T VALUE	DEGREES OF FREEDOM	2-TAIL PROB.
3.11	.001	1.85	91	.068	2.20	89.48	.030

8.5.91

CHI SQUARE TEST

SEXUAL PROBLEMS

COUNT / ROW PCT / COL PCT / TOT PCT	7.	8.	ROW TOTAL
1.	45 72.6 61.6 48.4	17 27.4 85.0 18.3	62 66.7
2.	28 90.3 38.4 30.1	3 9.7 15.0 3.2	31 33.3
COLUMN TOTAL	73 78.5	20 21.5	93 100.0

CORRECTED CHI SQ = 2.87440 1 D.F., SIG. = .0900
RAW CHI SQ = 3.85377 1 D.F., SIG. = .0496

RADIOGRAPHIC INDEX

COUNT / ROW PCT / COL PCT / TOT PCT	0	1.	2.	ROW TOTAL
1.	6 20.7 60.0 13.6	5 17.2 62.5 11.4	18 62.1 69.2 40.9	29 65.9
2.	4 26.7 40.0 9.1	3 20.0 37.5 6.8	8 53.3 30.8 18.2	15 34.1
COLUMN TOTAL	10 22.7	8 18.2	26 59.1	44 100.0

RAW CHI SQ = .32446 WITH 2 D.F., SIG. = .8502

MISSING OBSERVATIONS - 49

MUSCLE INDEX

COUNT / ROW PCT / COL PCT / TOT PCT	0	1.	2.	ROW TOTAL
1.	5 8.1 19.2 5.6	24 38.7 80.0 27.0	33 53.2 100.0 37.1	62 69.7
2.	21 77.8 80.8 23.6	6 22.2 20.0 6.7	0 0 0 0	27 30.3
COLUMN TOTAL	26 29.2	30 33.7	33 37.1	89 100.0

RAW CHI SQ = 47.17834 WITH 2 D.F., SIG. = .0000

MISSING OBSERVATIONS - 4

TMJ INDEX

COUNT / ROW PCT / COL PCT / TOT PCT	0	1.	2.	ROW TOTAL
1.	4 6.5 18.2 4.5	22 35.5 73.3 24.7	36 58.1 97.3 40.4	62 69.7
2.	18 66.7 81.8 20.2	8 29.6 26.7 9.0	1 3.7 2.7 1.1	27 30.3
COLUMN TOTAL	22 24.7	30 33.7	37 41.6	89 100.0

RAW CHI SQ = 41.15050 WITH 2 D.F., SIG. = .0000

MISSING OBSERVATIONS - 4

- -

TEETH INDEX

COUNT / ROW PCT / COL PCT / TOT PCT	0	1.	2.	ROW TOTAL
1.	8 13.6 100.0 9.2	7 11.9 50.0 8.0	44 74.6 67.7 50.6	59 67.8
2.	0 0 0 0	7 25.0 50.0 8.0	21 75.0 32.3 24.1	28 32.2
COLUMN TOTAL	8 9.2	14 16.1	65 74.7	87 100.0

RAW CHI SQ = 5.83303 WITH 2 D.F., SIG. = .0541

MISSING OBSERVATIONS - 6

- -

CLINICAL INDEX

COUNT / ROW PCT / COL PCT / TOT PCT	0	1.	2.	ROW TOTAL
1.	1 1.6 6.7 1.1	31 50.0 70.5 34.8	30 48.4 100.0 33.7	62 69.7
2.	14 51.9 93.3 15.7	13 48.1 29.5 14.6	0 0 0 0	27 30.3
COLUMN TOTAL	15 16.9	44 49.4	30 33.7	89 100.0

RAW CHI SQ = 41.24487 WITH 2 D.F., SIG. = .0000

MISSING OBSERVATIONS - 4

ANAMNESTIC INDEX

COUNT / ROW PCT / COL PCT / TOT PCT	0	2.	ROW TOTAL
1.	1 1.6 4.5 1.1	61 98.4 85.9 65.6	62 66.7
2.	21 67.7 95.5 22.6	10 32.3 14.1 10.8	31 33.3
COLUMN TOTAL	22 23.7	71 76.3	93 100.0

CORRECTED CHI SQ = 46.44790 1 D.F., SIG. = .0000
RAW CHI SQ = 50.04257 1 D.F., SIG. = .0000

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COUNTRY

COUNT / ROW PCT / COL PCT / TOT PCT	1.	2.	3.	4.	6.	ROW TOTAL
1.	42 67.7 65.6 45.2	10 16.1 76.9 10.8	1 1.6 50.0 1.1	1 1.6 50.0 1.1	8 12.9 66.7 8.6	62 66.7
2.	22 71.0 34.4 23.7	3 9.7 23.1 3.2	1 3.2 50.0 1.1	1 3.2 50.0 1.1	4 12.9 33.3 4.3	31 33.3
COLUMN TOTAL	64 68.8	13 14.0	2 2.2	2 2.2	12 12.9	93 100.0

RAW CHI SQ = 1.14663 WITH 4 D.F., SIG. = .8868

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TOTAL TEETH INDEX

COUNT / ROW PCT / COL PCT / TOT PCT	1.	2.	ROW TOTAL
1.	2 3.4 33.3 2.3	57 96.6 70.4 65.5	59 67.8
2.	4 14.3 66.7 4.6	24 85.7 29.6 27.6	28 32.2
COLUMN TOTAL	6 6.9	81 93.1	87 100.0

CORRECTED CHI SQ = 2.01901 1 D.F., SIG. = .1553
RAW CHI SQ = 3.51090 1 D.F., SIG. = .0610

MISSING OBSERVATIONS - 6

3.5.94

OCCUPATION

COUNT / ROW PCT / COL PCT / TOT PCT		1.	2.	3.	5.	6.	ROW TOTAL
1.	COUNT	2	17	10	6	1	62
	ROW PCT	3.2	27.4	16.1	9.7	1.6	66.7
	COL PCT	40.0	73.9	66.7	75.0	100.0	
	TOT PCT	2.2	18.3	10.8	6.5	1.1	
2.	COUNT	3	6	5	2	0	31
	ROW PCT	9.7	19.4	16.1	6.5	0	33.3
	COL PCT	60.0	26.1	33.3	25.0	0	
	TOT PCT	3.2	6.5	5.4	2.2	0	
COLUMN TOTAL		5	23	15	8	1	93
		5.4	24.7	16.1	8.6	1.1	100.0

OCCUPATION

COUNT / ROW PCT / COL PCT / TOT PCT		7.	8.	9.	ROW TOTAL
1.	COUNT	7	7	12	62
	ROW PCT	11.3	11.3	19.4	66.7
	COL PCT	77.8	43.8	75.0	
	TOT PCT	7.5	7.5	12.9	
2.	COUNT	2	9	4	31
	ROW PCT	6.5	29.0	12.9	33.3
	COL PCT	22.2	56.3	25.0	
	TOT PCT	2.2	9.7	4.3	
COLUMN TOTAL		9	16	16	93
		9.7	17.2	17.2	100.0

RAW CHI SQ = 7.67473 WITH 7 D.F., SIG. = .3621

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MANN WHITNEY U TEST

SERIOUS EVENTS

GROUP = 1.		GROUP = 2.	
MEAN RANK	NUMBER	MEAN RANK	NUMBER
50.06	62	40.87	31

		CORRECTED FOR TIES	
U	W	Z	2-TAILED P
771.0	1267.0	1.5496	.1212

LIFE EVENTS

GROUP = 1.		GROUP = 2.	
MEAN RANK	NUMBER	MEAN RANK	NUMBER
49.78	62	41.44	31

		CORRECTED FOR TIES	
U	W	Z	2-TAILED P
788.5	1284.5	1.4062	.1597

ZUNG DEPRESSION SCORE

GROUP = 1.		GROUP = 2.	
MEAN RANK	NUMBER	MEAN RANK	NUMBER
45.34	54	30.44	26

		CORRECTED FOR TIES	
U	W	Z	2-TAILED P
440.5	791.5	2.6898	.0072

SPIELBERGER TRAIT SCORE

GROUP = 1.		GROUP = 2.	
MEAN RANK	NUMBER	MEAN RANK	NUMBER
47.82	60	39.17	29

		CORRECTED FOR TIES	
U	W	Z	2-TAILED P
701.0	1136.0	1.4814	.1385

SPIELBERGER STATE SCORE

GROUP = 1.		GROUP = 2.	
MEAN RANK	NUMBER	MEAN RANK	NUMBER
47.20	62	46.60	31

		CORRECTED FOR TIES	
U	W	Z	2-TAILED P
948.5	1444.5	.1021	.9186

3.5.96

```
          WHITELEY INDEX

GROUP          =            1.      GROUP         =              2.
MEAN RANK           NUMBER       MEAN RANK            NUMBER
    43.35               62           44.29                31

                                    CORRECTED FOR TIES
     U                 W              Z         2-TAILED P
   377.0            1373.0          .6990         .4846
```

```
          DISCRIMINANT FUNCTION

GROUP          =            1.      GROUP         =              2.
MEAN RANK           NUMBER       MEAN RANK            NUMBER
    52.48               62           36.05                31

                                    CORRECTED FOR TIES
     U                 W              Z         2-TAILED P
   621.5            1117.5          2.7674        .0057
```

```
          DISEASE AFFIRMATION

GROUP          =            1.      GROUP         =              2.
MEAN RANK           NUMBER       MEAN RANK            NUMBER
    52.81               62           35.39                31

                                    CORRECTED FOR TIES
     U                 W              Z         2-TAILED P
   601.0            1097.0          3.0072        .0026
```

```
          AFFECTIVE STATE

GROUP          =            1.      GROUP         =              2.
MEAN RANK           NUMBER       MEAN RANK            NUMBER
    50.73               62           39.53                31

                                    CORRECTED FOR TIES
     U                 W              Z         2-TAILED P
   729.5            1225.5          1.9041        .0569
```

```
          GENERAL HYPOCHONDRIASIS

GROUP          =            1.      GROUP         =              2.
MEAN RANK           NUMBER       MEAN RANK            NUMBER
    46.95               62           47.10                31

                                    CORRECTED FOR TIES
     U                 W              Z         2-TAILED P
   958.0            1460.0          -.0262        .9791
```

DISEASE CONVICTION

GROUP = 1.		GROUP = 2.	
MEAN RANK	NUMBER	MEAN RANK	NUMBER
52.41	62	36.18	31

CORRECTED FOR TIES

U	W	Z	2-TAILED P
625.5	1121.5	2.3463	.0044

PSYCHOLOGICAL V SOMATIC FOCUSING

GROUP = 1.		GROUP = 2.	
MEAN RANK	NUMBER	MEAN RANK	NUMBER
43.63	62	53.74	31

CORRECTED FOR TIES

U	W	Z	2-TAILED P
752.0	1666.0	-1.9379	.0526

AFFECTIVE INHIBITION

GROUP = 1.		GROUP = 2.	
MEAN RANK	NUMBER	MEAN RANK	NUMBER
49.25	62	42.50	31

CORRECTED FOR TIES

U	W	Z	2-TAILED P
821.5	1317.5	1.1551	.2481

AFFECTIVE DISTURBANCE

GROUP = 1.		GROUP = 2.	
MEAN RANK	NUMBER	MEAN RANK	NUMBER
51.80	62	37.40	31

CORRECTED FOR TIES

U	W	Z	2-TAILED P
663.5	1159.5	2.5038	.0123

DENIAL

GROUP = 1.		GROUP = 2.	
MEAN RANK	NUMBER	MEAN RANK	NUMBER
49.08	62	42.84	31

CORRECTED FOR TIES

U	W	Z	2-TAILED P
832.0	1328.0	1.0751	.2823

IRRITABILITY

GROUP	=	1.	GROUP	=	2.
MEAN RANK		NUMBER	MEAN RANK		NUMBER
48.67		62	43.66		31

		CORRECTED FOR TIES	
U	W	Z	2-TAILED P
857.5	1353.5	.3782	.3796

- -

APPENDIX V

PART B

SECTION 5

(Pages B.5.99 to B.5.115)

7. This section describes statistical analysis between two groups of all TMJ Dysfunction patients in the study who had either:

(a) Low Anxiety Score (i.e. below 40), or
(b) High Anxiety Score (i.e. above 40).

T - TEST

VARIABLE	NUMBER OF CASES	MEAN	STANDARD DEVIATION	STANDARD ERROR
AGE				
GROUP 1	61	37.9508	18.535	2.373
GROUP 2	30	39.2333	19.094	3.486

		*	POOLED VARIANCE ESTIMATE			*	SEPARATE VARIANCE ESTIMATE		
F VALUE	2-TAIL PROB.	*	T VALUE	DEGREES OF FREEDOM	2-TAIL PROB.	*	T VALUE	DEGREES OF FREEDOM	2-TAIL PROB.
1.06	0.324	*	-0.31	89	0.759	*	-0.30	56.27	0.762

VARIABLE	NUMBER OF CASES	MEAN	STANDARD DEVIATION	STANDARD ERROR
ANAMNESTIC INDEX				
GROUP 1	61	1.9672	0.256	0.033
GROUP 2	30	1.9333	0.365	0.067

		*	POOLED VARIANCE ESTIMATE			*	SEPARATE VARIANCE ESTIMATE		
F VALUE	2-TAIL PROB.	*	T VALUE	DEGREES OF FREEDOM	2-TAIL PROB.	*	T VALUE	DEGREES OF FREEDOM	2-TAIL PROB.
2.03	0.021	*	0.51	89	0.609	*	0.46	43.50	0.651

VARIABLE	NUMBER OF CASES	MEAN	STANDARD DEVIATION	STANDARD ERROR
CLINICAL INDEX				
GROUP 1	61	1.4590	0.535	0.068
GROUP 2	30	1.3000	0.466	0.085

		*	POOLED VARIANCE ESTIMATE			*	SEPARATE VARIANCE ESTIMATE		
F VALUE	2-TAIL PROB.	*	T VALUE	DEGREES OF FREEDOM	2-TAIL PROB.	*	T VALUE	DEGREES OF FREEDOM	2-TAIL PROB.
1.32	0.423	*	1.39	89	0.168	*	1.46	65.43	0.150

VARIABLE	NUMBER OF CASES	MEAN	STANDARD DEVIATION	STANDARD ERROR
MUSCLE INDEX				
GROUP 1	61	1.4426	0.646	0.083
GROUP 2	30	1.5333	0.571	0.104

		* POOLED VARIANCE ESTIMATE			* SEPARATE VARIANCE ESTIMATE		
F VALUE	2-TAIL PROB.	* T VALUE	DEGREES OF FREEDOM	2-TAIL PROB.	* T VALUE	DEGREES OF FREEDOM	2-TAIL PROB.
1.28	0.474	* -0.65	89	0.515	* -0.63	64.60	0.498

VARIABLE	NUMBER OF CASES	MEAN	STANDARD DEVIATION	STANDARD ERROR
TMJ INDEX				
GROUP 1	61	1.5082	0.622	0.080
GROUP 2	30	1.4000	0.621	0.113

		* POOLED VARIANCE ESTIMATE			* SEPARATE VARIANCE ESTIMATE		
F VALUE	2-TAIL PROB.	* T VALUE	DEGREES OF FREEDOM	2-TAIL PROB.	* T VALUE	DEGREES OF FREEDOM	2-TAIL PROB.
1.00	1.000	* 0.78	89	0.438	* 0.78	57.87	0.438

VARIABLE	NUMBER OF CASES	MEAN	STANDARD DEVIATION	STANDARD ERROR
PAIN DURATION				
GROUP 1	49	11.4490	15.404	2.201
GROUP 2	25	18.8000	25.718	5.144

		* POOLED VARIANCE ESTIMATE			* SEPARATE VARIANCE ESTIMATE		
F VALUE	2-TAIL PROB.	* T VALUE	DEGREES OF FREEDOM	2-TAIL PROB.	* T VALUE	DEGREES OF FREEDOM	2-TAIL PROB.
2.79	0.002	* -1.54	72	0.129	* -1.31	33.04	0.198

VARIABLE	NUMBER OF CASES	MEAN	STANDARD DEVIATION	STANDARD ERROR
NUMBER TEETH				
GROUP 1	61	20.8197	10.774	1.379
GROUP 2	30	19.0333	11.613	2.120

		* POOLED VARIANCE ESTIMATE			* SEPARATE VARIANCE ESTIMATE		
F VALUE	2-TAIL PROB.	T VALUE	DEGREES OF FREEDOM	2-TAIL PROB.	T VALUE	DEGREES OF FREEDOM	2-TAIL PROB.
1.16	0.612	0.72	89	0.471	0.71	54.07	0.483

VARIABLE	NUMBER OF CASES	MEAN	STANDARD DEVIATION	STANDARD ERROR
TEETH INDEX				
GROUP 1	61	1.5410	0.765	0.098
GROUP 2	30	1.4333	0.858	0.157

		* POOLED VARIANCE ESTIMATE			* SEPARATE VARIANCE ESTIMATE		
F VALUE	2-TAIL PROB.	T VALUE	DEGREES OF FREEDOM	2-TAIL PROB.	T VALUE	DEGREES OF FREEDOM	2-TAIL PROB.
1.26	0.448	0.61	89	0.546	0.58	52.25	0.563

VARIABLE	NUMBER OF CASES	MEAN	STANDARD DEVIATION	STANDARD ERROR
CONTACTS				
GROUP 1	58	24.8103	6.267	0.823
GROUP 2	30	24.4333	6.268	1.144

		* POOLED VARIANCE ESTIMATE			* SEPARATE VARIANCE ESTIMATE		
F VALUE	2-TAIL PROB.	T VALUE	DEGREES OF FREEDOM	2-TAIL PROB.	T VALUE	DEGREES OF FREEDOM	2-TAIL PROB.
1.00	0.971	0.27	86	0.790	0.27	58.75	0.790

VARIABLE	NUMBER OF CASES	MEAN	STANDARD DEVIATION	STANDARD ERROR
TREATMENT TIME				
GROUP 1	48	2.1667	1.464	0.211
GROUP 2	24	1.7917	1.351	0.276

		POOLED VARIANCE ESTIMATE			SEPARATE VARIANCE ESTIMATE		
F VALUE	2-TAIL PROB.	T VALUE	DEGREES OF FREEDOM	2-TAIL PROB.	T VALUE	DEGREES OF FREEDOM	2-TAIL PROB.
1.17	0.591	1.05	70	0.297	1.08	49.57	0.286

VARIABLE	NUMBER OF CASES	MEAN	STANDARD DEVIATION	STANDARD ERROR
TIME ELAPSED				
GROUP 1	47	7.9787	3.068	0.448
GROUP 2	24	7.6667	2.808	0.573

		POOLED VARIANCE ESTIMATE			SEPARATE VARIANCE ESTIMATE		
F VALUE	2-TAIL PROB.	T VALUE	DEGREES OF FREEDOM	2-TAIL PROB.	T VALUE	DEGREES OF FREEDOM	2-TAIL PROB.
1.19	0.657	0.42	69	0.678	0.43	50.25	0.670

VARIABLE	NUMBER OF CASES	MEAN	STANDARD DEVIATION	STANDARD ERROR
GENERAL HYPOCHONDRIASIS				
GROUP 1	61	0.9508	1.347	0.172
GROUP 2	30	2.3000	2.037	0.372

		POOLED VARIANCE ESTIMATE			SEPARATE VARIANCE ESTIMATE		
F VALUE	2-TAIL PROB.	T VALUE	DEGREES OF FREEDOM	2-TAIL PROB.	T VALUE	DEGREES OF FREEDOM	2-TAIL PROB.
2.29	0.007	-3.77	89	0.000	-3.29	41.88	0.002

VARIABLE	NUMBER OF CASES	MEAN	STANDARD DEVIATION	STANDARD ERROR
DISEASE CONVICTION				
GROUP 1	61	1.6066	1.295	0.166
GROUP 2	30	2.6000	1.793	0.327

		* POOLED VARIANCE ESTIMATE			* SEPARATE VARIANCE ESTIMATE		
F VALUE	2-TAIL PROB.	* T VALUE	DEGREES OF FREEDOM	2-TAIL PROB.	* T VALUE	DEGREES OF FREEDOM	2-TAIL PROB.
1.92	0.034	* -3.02	39	0.003	* -2.71	44.37	0.010

VARIABLE	NUMBER OF CASES	MEAN	STANDARD DEVIATION	STANDARD ERROR
PSYCHOLOGICAL V SOMATIC FOCUS				
GROUP 1	61	1.6721	0.724	0.093
GROUP 2	30	1.5667	1.194	0.218

		* POOLED VARIANCE ESTIMATE			* SEPARATE VARIANCE ESTIMATE		
F VALUE	2-TAIL PROB.	* T VALUE	DEGREES OF FREEDOM	2-TAIL PROB.	* T VALUE	DEGREES OF FREEDOM	2-TAIL PROB.
2.72	0.001	* 0.52	39	0.602	* 0.45	39.80	0.659

VARIABLE	NUMBER OF CASES	MEAN	STANDARD DEVIATION	STANDARD ERROR
AFFECTIVE INHIBITITON				
GROUP 1	61	2.3279	1.589	0.203
GROUP 2	30	2.5000	1.614	0.295

		* POOLED VARIANCE ESTIMATE			* SEPARATE VARIANCE ESTIMATE		
F VALUE	2-TAIL PROB.	* T VALUE	DEGREES OF FREEDOM	2-TAIL PROB.	* T VALUE	DEGREES OF FREEDOM	2-TAIL PROB.
1.03	0.894	* -0.49	89	0.630	* -0.48	56.99	0.632

VARIABLE	NUMBER OF CASES	MEAN	STANDARD DEVIATION	STANDARD ERROR
AFFECTIVE DISTURBANCE				
GROUP 1	61	1.6721	1.351	0.173
GROUP 2	30	3.5667	1.431	0.261

		POOLED VARIANCE ESTIMATE			SEPARATE VARIANCE ESTIMATE		
F VALUE	2-TAIL PROB.	T VALUE	DEGREES OF FREEDOM	2-TAIL PROB.	T VALUE	DEGREES OF FREEDOM	2-TAIL PROB.
1.12	0.690	-6.17	89	0.000	-6.05	54.89	0.000

VARIABLE	NUMBER OF CASES	MEAN	STANDARD DEVIATION	STANDARD ERROR
DENIAL				
GROUP 1	61	3.3443	1.559	0.200
GROUP 2	30	2.4667	1.655	0.302

		POOLED VARIANCE ESTIMATE			SEPARATE VARIANCE ESTIMATE		
F VALUE	2-TAIL PROB.	T VALUE	DEGREES OF FREEDOM	2-TAIL PROB.	T VALUE	DEGREES OF FREEDOM	2-TAIL PROB.
1.13	0.679	2.47	89	0.015	2.42	54.77	0.019

VARIABLE	NUMBER OF CASES	MEAN	STANDARD DEVIATION	STANDARD ERROR
IRRITABILITY				
GROUP 1	61	1.5410	1.259	0.161
GROUP 2	30	3.0667	1.929	0.352

		POOLED VARIANCE ESTIMATE			SEPARATE VARIANCE ESTIMATE		
F VALUE	2-TAIL PROB.	T VALUE	DEGREES OF FREEDOM	2-TAIL PROB.	T VALUE	DEGREES OF FREEDOM	2-TAIL PROB.
2.35	0.005	-4.53	89	0.000	-3.94	41.55	0.000

VARIABLE	NUMBER OF CASES	MEAN	STANDARD DEVIATION	STANDARD ERROR
AFFECTIVE STATE				
GROUP 1	61	4.1639	2.531	0.324
GROUP 2	30	8.9333	3.814	0.696

		POOLED VARIANCE ESTIMATE			SEPARATE VARIANCE ESTIMATE		
F VALUE	2-TAIL PROB.	T VALUE	DEGREES OF FREEDOM	2-TAIL PROB.	T VALUE	DEGREES OF FREEDOM	2-TAIL PROB.
2.27	0.007	-7.11	89	0.000	-6.21	41.97	0.000

VARIABLE	NUMBER OF CASES	MEAN	STANDARD DEVIATION	STANDARD ERROR
DISEASE AFFIRMATION				
GROUP 1	61	4.9344	1.778	0.228
GROUP 2	30	6.0333	2.526	0.461

		POOLED VARIANCE ESTIMATE			SEPARATE VARIANCE ESTIMATE		
F VALUE	2-TAIL PROB.	T VALUE	DEGREES OF FREEDOM	2-TAIL PROB.	T VALUE	DEGREES OF FREEDOM	2-TAIL PROB.
2.02	0.022	-2.40	89	0.018	-2.14	43.61	0.038

VARIABLE	NUMBER OF CASES	MEAN	STANDARD DEVIATION	STANDARD ERROR
DISCRIMINANT FUNCTION				
GROUP 1	61	52.5311	13.662	1.749
GROUP 2	30	57.0600	20.282	3.703

		POOLED VARIANCE ESTIMATE			SEPARATE VARIANCE ESTIMATE		
F VALUE	2-TAIL PROB.	T VALUE	DEGREES OF FREEDOM	2-TAIL PROB.	T VALUE	DEGREES OF FREEDOM	2-TAIL PROB.
2.20	0.010	-1.26	89	0.211	-1.11	42.37	0.275

VARIABLE	NUMBER OF CASES	MEAN	STANDARD DEVIATION	STANDARD ERROR
WHITELEY INDEX				
GROUP 1	61	2.2951	2.369	0.303
GROUP 2	30	5.0667	3.342	0.610

		* POOLED VARIANCE ESTIMATE			* SEPARATE VARIANCE ESTIMATE		
F VALUE	2-TAIL PROB.	* T VALUE	DEGREES OF FREEDOM	2-TAIL PROB.	* T VALUE	DEGREES OF FREEDOM	2-TAIL PROB.
1.99	0.025	* -4.56	89	0.000	* -4.07	43.81	0.000

VARIABLE	NUMBER OF CASES	MEAN	STANDARD DEVIATION	STANDARD ERROR
SPIELBERGER STATE TEST				
GROUP 1	61	32.0820	5.330	0.682
GROUP 2	30	52.5000	8.839	1.614

		* POOLED VARIANCE ESTIMATE			* SEPARATE VARIANCE ESTIMATE		
F VALUE	2-TAIL PROB.	* T VALUE	DEGREES OF FREEDOM	2-TAIL PROB.	* T VALUE	DEGREES OF FREEDOM	2-TAIL PROB.
2.75	0.001	* -13.71	89	0.000	* -11.65	39.69	0.000

VARIABLE	NUMBER OF CASES	MEAN	STANDARD DEVIATION	STANDARD ERROR
SPIELBERGER TRAIT TEST				
GROUP 1	59	35.2881	6.297	0.820
GROUP 2	26	50.5769	10.948	2.147

		* POOLED VARIANCE ESTIMATE			* SEPARATE VARIANCE ESTIMATE		
F VALUE	2-TAIL PROB.	* T VALUE	DEGREES OF FREEDOM	2-TAIL PROB.	* T VALUE	DEGREES OF FREEDOM	2-TAIL PROB.
3.02	0.001	* -8.13	83	0.000	* -6.65	32.52	0.000

VARIABLE	NUMBER OF CASES	MEAN	STANDARD DEVIATION	STANDARD ERROR
ZUNG DEPRESSION TEST				
GROUP 1	53	33.5660	7.012	0.963
GROUP 2	25	46.2800	8.349	1.670

		POOLED VARIANCE ESTIMATE			SEPARATE VARIANCE ESTIMATE		
F VALUE	2-TAIL PROB.	T VALUE	DEGREES OF FREEDOM	2-TAIL PROB.	T VALUE	DEGREES OF FREEDOM	2-TAIL PROB.
1.42	0.291	-7.02	76	0.000	-6.60	40.56	0.000

VARIABLE	NUMBER OF CASES	MEAN	STANDARD DEVIATION	STANDARD ERROR
LIFE EVENTS				
GROUP 1	61	388.0656	341.811	43.764
GROUP 2	29	459.1034	330.318	61.339

		POOLED VARIANCE ESTIMATE			SEPARATE VARIANCE ESTIMATE		
F VALUE	2-TAIL PROB.	T VALUE	DEGREES OF FREEDOM	2-TAIL PROB.	T VALUE	DEGREES OF FREEDOM	2-TAIL PROB.
1.07	0.865	-0.93	88	0.354	-0.94	56.88	0.350

VARIABLE	NUMBER OF CASES	MEAN	STANDARD DEVIATION	STANDARD ERROR
SERIOUS EVENTS				
GROUP 1	61	278.7377	270.306	34.609
GROUP 2	29	345.4483	281.904	52.348

		POOLED VARIANCE ESTIMATE			SEPARATE VARIANCE ESTIMATE		
F VALUE	2-TAIL PROB.	T VALUE	DEGREES OF FREEDOM	2-TAIL PROB.	T VALUE	DEGREES OF FREEDOM	2-TAIL PROB.
1.09	0.765	-1.08	88	0.283	-1.06	53.09	0.293

CHI SQUARE TEST

SEXUAL PROBLEMS

COUNT	7.00	8.00	ROW TOTAL
1.00	44	17	61 67.0
2.00	21	9	30 33.0
COLUMN TOTAL	65 71.4	26 28.6	91 100.0

CHI-SQUARE	D.	SIGNIFICANCE	MIN E.F.	CELLS WITH E.F.< 5
0.00000	1	1.0000	8.571	NONE
0.04475		0.8325	(BEFORE YATES CORRECTION)	

NUMBER OF MISSING OBSERVATIONS = 85

RADIOGRAPHIC INDEX

COUNT	0.0	1.00	2.00	99.00	ROW TOTAL
1.00	6	5	18	32	61 67.0
2.00	6	1	9	14	30 33.0
COLUMN TOTAL	12 13.2	6 6.6	27 29.7	46 50.5	91 100.0

CHI-SQUARE	DF	SIGNIFICANCE	MIN E.F.	CELLS WITH E.F.< 5
2.43193	3	0.4877	1.978	3 OF 8 (37.5%)

NUMBER OF MISSING OBSERVATIONS = 85

MUSCLE INDEX

COUNT	0.0	1.00	2.00	ROW TOTAL
1.00	5	24	32	61 67.0
2.00	1	12	17	30 33.0
COLUMN TOTAL	6 6.6	36 39.6	49 53.8	91 100.0

CHI-SQUARE	DF	SIGNIFICANCE	MIN E.F.	CELLS WITH E.F.< 5
0.78971		0.6738	1.978	2 OF 6 (33.3%)

NUMBER OF MISSING OBSERVATIONS = 85

TMJ INDEX

COUNT	0.0	1.00	2.00	ROW TOTAL
1.00	4	22	35	61 67.0
2.00	2	14	14	30 33.0
COLUMN TOTAL	6 6.6	36 39.6	49 53.8	91 100.0

CHI-SQUARE	DF	SIGNIFICANCE	MIN E.F.	CELLS WITH E.F.< 5
1.00006	2	0.6065	1.978	2 OF 6 (33.3%)

NUMBER OF MISSING OBSERVATIONS = 85

TEETH INDEX

COUNT	0.0	1.00	2.00	ROW TOTAL
1.00	10	8	43	61 67.0
2.00	7	3	20	30 33.0
COLUMN TOTAL	17 18.7	11 12.1	63 69.2	91 100.0

CHI-SQUARE	DF	SIGNIFICANCE	MIN E.F.	CELLS WITH E.F.< 5
0.72235	2	0.6969	3.626	1 OF 6 (16.7%)

NUMBER OF MISSING OBSERVATIONS = 85

CLINICAL INDEX

COUNT	0.0	1.00	2.00	ROW TOTAL
1.00	1	31	29	61 67.0
2.00		21	9	30 33.0
COLUMN TOTAL	1 1.1	52 57.1	38 41.8	91 100.0

CHI-SQUARE	DF	SIGNIFICANCE	MIN E.F.	CELLS WITH E.F.< 5
3.26823	2	0.1951	0.330	2 OF 6 (33.3%)

NUMBER OF MISSING OBSERVATIONS = 85

ANAMNESTIC INDEX

COUNT	0.0	2.00	ROW TOTAL
1.00	1	60	61 67.0
2.00	1	29	30 33.0
COLUMN TOTAL	2 2.2	89 97.8	91 100.0

CHI-SQUARE	DF	SIGNIFICANCE	MIN E.F.	CELLS WITH E.F.< 5
0.00000	1	1.0000	0.659	2 OF 4 (50.0%)
0.26847	1	0.6044	(BEFORE YATES CORRECTION)	

NUMBER OF MISSING OBSERVATIONS = 35

- -

COUNTRY

COUNT	1	2	3	4	6	ROW TOTAL
1.00	41	10	1	1	8	61 67.0
2.00	18	7	1		4	30 33.0
COLUMN TOTAL	59 64.8	17 18.7	2 2.2	1 1.1	12 13.2	91 100.0

CHI-SQUARE	DF	SIGNIFICANCE	MIN E.F.	CELLS WITH E.F.< 5
1.43493	4	0.8381	0.330	5 OF 10 (50.0%)

NUMBER OF MISSING OBSERVATIONS = 35

- -

TOTAL TEETH INDEX

COUNT	0.0	1.00	2.00	ROW TOTAL
1.00	1	2	56	59 66.3
2.00		1	29	30 33.7
COLUMN TOTAL	1 1.1	3 3.4	85 95.5	89 100.0

CHI-SQUARE	DF	SIGNIFICANCE	MIN E.F.	CELLS WITH E.F.< 5
0.51505	2	0.7730	0.337	4 OF 6 (66.7%)

NUMBER OF MISSING OBSERVATIONS = 67

OCCUPATION

COUNT	1	2	3	5	6	7	8	9	ROW TOTAL
	2	17	10	6	1	7	7	11	61 67.0
	1	12	3			4	4	6	30 33.0
	3 3.3	29 31.9	13 14.3	6 6.6	1 1.1	11 12.1	11 12.1	17 18.7	91 100.0

CHI-SQUARE	DF	SIGNIFICANCE	MIN E.F.	CELLS WITH E.F.< 5
5.10339	7	0.6473	0.330	9 OF 16 (56.3%)

NUMBER OF MISSING OBSERVATIONS = 85

- -

CURED

COUNT	0.0	1.00	ROW TOTAL
1.00	23	21	44 66.7
2.00	10	12	22 33.3
COLUMN TOTAL	33 50.0	33 50.0	66 100.0

CHI-SQUARE	D.F.	SIGNIFICANCE	MIN E.F.	CELLS WITH E.F.< 5
0.06818 0.27273	1 1	0.7940 0.6015	11.000 (BEFORE YATES CORRECTION)	NONE

NUMBER OF MISSING OBSERVATIONS = 110

- -

INITIAL TREATMENT

COUNT	1	3	4	7	ROW TOTAL
1.00	42	1	1	2	46 66.7
2.00	22			1	23 33.3
COLUMN TOTAL	64 92.8	1 1.4	1 1.4	3 4.3	69 100.0

CHI-SQUARE	D.F.	SIGNIFICANCE	MIN E.F.	CELLS WITH E.F.< 5
1.03125	3	0.7937	0.333	6 OF 8 (75.0%)

NUMBER OF MISSING OBSERVATIONS = 107

MANN WHITNEY U TEST

SERIOUS EVENTS

MEAN RANK	CASES	
43.26	61	GROUP = 1.00
50.21	29	GROUP = 2.00
	90	TOTAL

U	W	CORRECTED FOR TIES Z	2-TAILED P
748.0	1456.0	-1.1800	0.2380

LIFE EVENTS

MEAN RANK	CASES	
43.07	61	GROUP=1.00
50.60	29	GROUP=2.00
	90	TOTAL

U	W	CORRECTED FOR TIES Z	2-TAILED P
736.5	1467.5	-1.2785	0.2011

ZUNG DEPRESSION SCORE

MEAN RANK	CASES	
30.15	53	GROUP=1.00
59.32	25	GROUP=2.00
	78	TOTAL

U	W	CORRECTED FOR TIES Z	2-TAILED P
167.0	1483.0	-5.3103	0.0000

SPIELBERGER TRAIT SCORE

MEAN RANK	CASES	
33.56	59	GROUP=1.00
64.42	26	GROUP=2.00
	85	TOTAL

U	W	CORRECTED FOR TIES Z	2-TAILED P
210.0	1675.0	-5.3174	0.0000

```
          SPIELBERGER STATE SCORE

MEAN RANK     CASES

    31.00        61   GROUP=1.00
    76.50        30   GROUP=2.00
                ---
                 91   TOTAL

                                         CORRECTED FOR TIES
     U                 W                 Z          2-TAILED P
    0.0             2295.0         -7.7338           0.0000

          WHITSLEY INDEX

MEAN RANK     CASES

    37.76        61   GROUP=1.00
    62.75        30   GROUP=2.00
                ---
                 91   TOTAL

                                         CORRECTED FOR TIES
     U                 W                 Z          2-TAILED P
   412.5            1882.5         -4.2891           0.0000

          DISCRIMINANT FUNCTION

MEAN RANK     CASES

    43.61        61   GROUP=1.00
    50.85        30   GROUP=2.00
                ---
                 91   TOTAL

                                         CORRECTED FOR TIES
     U                 W                 Z          2-TAILED P
   769.5            1525.5         -1.2285           0.2192

          DISEASE AFFIRMATION

MEAN RANK     CASES

    42.02        61   GROUP=1.00
    54.08        30   GROUP=2.00
                ---
                 91   TOTAL

                                         CORRECTED FOR TIES
     U                 W                 Z          2-TAILED P
   672.5            1622.5         -2.0751           0.0380

          AFFECTIVE STATE

MEAN RANK     CASES

    35.44        61   GROUP=1.00
    67.47        30   GROUP=2.00
                ---
                 91   TOTAL

                                         CORRECTED FOR TIES
     U                 W                 Z          2-TAILED P
   271.0            2024.0         -5.4643           0.0000
```

GENERAL HYPOCHONDRIASIS

MEAN RANK	CASES	
39.39	61	GROUP=1.00
59.45	30	GROUP=2.00
	91	TOTAL

		CORRECTED FOR TIES	
U	W	Z	2-TAILED P
511.5	1783.5	-3.5571	0.0004

DISEASE CONVICTION

MEAN RANK	CASES	
41.16	61	GROUP=1.00
55.83	30	GROUP=2.00
	91	TOTAL

		CORRECTED FOR TIES	
U	W	Z	2-TAILED P
620.0	1675.0	-2.5553	0.0106

PSYCHOLOGICAL V SOMATIC FOCUSING

MEAN RANK	CASES	
47.14	61	GROUP=1.00
43.68	30	GROUP=2.00
	91	TOTAL

		CORRECTED FOR TIES	
U	W	Z	2-TAILED P
845.5	1310.5	-0.6280	0.5300

AFFECTIVE INHIBITION

MEAN RANK	CASES	
45.11	61	GROUP=1.00
47.80	30	GROUP=2.00
	91	TOTAL

		CORRECTED FOR TIES	
U	W	Z	2-TAILED P
861.0	1434.0	-0.4632	0.6432

```
          AFFECTIVE DISTURBANCE


MEAN RANK     CASES

    36.16          61   GROUP=1.00
    66.00          30   GROUP=2.00
                  ---
                   91   TOTAL

                                          CORRECTED FOR TIES
     U                W                       Z         2-TAILED P
   315.0           1980.0           -5.1567          0.0000
```

```
          DENIAL


MEAN RANK     CASES

    50.56          61   GROUP=1.00
    36.73          30   GROUP=2.00
                  ---
                   91   TOTAL

                                          CORRECTED FOR TIES
     U                W                       Z         2-TAILED P
   637.0           1102.0           -2.3917          0.0168
```

```
          IRRITABILITY


MEAN RANK     CASES

    39.11          61   GROUP=1.00
    60.00          30   GRUOP=2.00
                  ---
                   91   TOTAL

                                          CORRECTED FOR TIES
     U                W                       Z         2-TAILED P
   495.0           1800.0           -3.6259          0.0003
```

A P P E N D I X V

PART B

SECTION 5

(Pages B.5.116 to B.5.132).

8. This section describes statistical analysis between two groups of <u>all the TMJ Dysfunction</u> patients in the study who had either:

(a) Low Zung Depression score (i.e. below 40),
(b) High Zung Depression score (i.e. above 40).

T - T E S T

VARIABLE	NUMBER OF CASES	MEAN	STANDARD DEVIATION	STANDARD ERROR
AGE				
GROUP 1	31	39.8065	19.744	3.546
GROUP 2	50	35.3400	16.162	2.286

		POOLED VARIANCE ESTIMATE			SEPARATE VARIANCE ESTIMATE		
F VALUE	2-TAIL PROB.	T VALUE	DEGREES OF FREEDOM	2-TAIL PROB.	T VALUE	DEGREES OF FREEDOM	2-TAIL PROB.
1.49	0.209	1.11	79	0.271	1.06	54.36	0.294

VARIABLE	NUMBER OF CASES	MEAN	STANDARD DEVIATION	STANDARD ERROR
ANAMNESTIC INDEX				
GROUP 1	31	1.9355	0.359	0.065
GROUP 2	50	1.9600	0.283	0.040

		POOLED VARIANCE ESTIMATE			SEPARATE VARIANCE ESTIMATE		
F VALUE	2-TAIL PROB.	T VALUE	DEGREES OF FREEDOM	2-TAIL PROB.	T VALUE	DEGREES OF FREEDOM	2-TAIL PROB.
1.61	0.135	-0.34	79	0.734	-0.32	52.73	0.748

VARIABLE	NUMBER OF CASES	MEAN	STANDARD DEVIATION	STANDARD ERROR
CLINICAL INDEX				
GROUP 1	31	1.3548	0.486	0.087
GROUP 2	50	1.4600	0.503	0.071

		POOLED VARIANCE ESTIMATE			SEPARATE VARIANCE ESTIMATE		
F VALUE	2-TAIL PROB.	T VALUE	DEGREES OF FREEDOM	2-TAIL PROB.	T VALUE	DEGREES OF FREEDOM	2-TAIL PROB.
1.07	0.855	-0.93	79	0.358	-0.93	65.42	0.354

VARIABLE	NUMBER OF CASES	MEAN	STANDARD DEVIATION	STANDARD ERROR
MUSCLE INDEX				
GROUP 1	31	1.5161	0.626	0.112
GROUP 2	50	1.4600	0.613	0.087

		* POOLED VARIANCE ESTIMATE			* SEPARATE VARIANCE ESTIMATE		
F VALUE	2-TAIL PROB.	* T VALUE	DEGREES OF FREEDOM	2-TAIL PROB.	* T VALUE	DEGREES OF FREEDOM	2-TAIL PROB.
1.04	0.882	* 0.40	79	0.692	* 0.40	62.74	0.694

VARIABLE	NUMBER OF CASES	MEAN	STANDARD DEVIATION	STANDARD ERROR
TMJ INDEX				
GROUP 1	31	1.4516	0.568	0.102
GROUP 2	50	1.5400	0.613	0.087

		* POOLED VARIANCE ESTIMATE			* SEPARATE VARIANCE ESTIMATE		
F VALUE	2-TAIL PROB.	* T VALUE	DEGREES OF FREEDOM	2-TAIL PROB.	* T VALUE	DEGREES OF FREEDOM	2-TAIL PROB.
1.17	0.664	* -0.65	79	0.519	* -0.66	67.45	0.511

VARIABLE	NUMBER OF CASES	MEAN	STANDARD DEVIATION	STANDARD ERROR
PAIN DURATION				
GROUP 1	23	17.6522	21.584	4.501
GROUP 2	42	11.5000	19.510	3.010

		* POOLED VARIANCE ESTIMATE			* SEPARATE VARIANCE ESTIMATE		
F VALUE	2-TAIL PROB.	* T VALUE	DEGREES OF FREEDOM	2-TAIL PROB.	* T VALUE	DEGREES OF FREEDOM	2-TAIL PROB.
1.22	0.563	* 1.17	63	0.246	* 1.14	41.62	0.262

VARIABLE	NUMBER OF CASES	MEAN	STANDARD DEVIATION	STANDARD ERROR
NUMBER TEETH				
GROUP 1	31	19.4839	10.535	1.892
GROUP 2	50	22.3000	9.960	1.409

		* POOLED VARIANCE ESTIMATE			* SEPARATE VARIANCE ESTIMATE		
F VALUE	2-TAIL PROB.	* T VALUE	DEGREES OF FREEDOM	2-TAIL PROB.	* T VALUE	DEGREES OF FREEDOM	2-TAIL PROB.
1.12	0.713	* -1.21	79	0.230	* -1.19	60.99	0.237

VARIABLE	NUMBER OF CASES	MEAN	STANDARD DEVIATION	STANDARD ERROR
TEETH INDEX				
GROUP 1	31	1.4516	0.768	0.138
GROUP 2	50	1.6400	0.722	0.102

		* POOLED VARIANCE ESTIMATE			* SEPARATE VARIANCE ESTIMATE		
F VALUE	2-TAIL PROB.	* T VALUE	DEGREES OF FREEDOM	2-TAIL PROB.	* T VALUE	DEGREES OF FREEDOM	2-TAIL PROB.
1.13	0.687	* -1.11	79	0.268	* -1.10	60.72	0.276

VARIABLE	NUMBER OF CASES	MEAN	STANDARD DEVIATION	STANDARD ERROR
CONTACTS				
GROUP 1	31	24.0645	6.377	1.145
GROUP 2	47	24.9149	6.220	0.907

		*	POOLED VARIANCE ESTIMATE			*	SEPARATE VARIANCE ESTIMATE		
F VALUE	2-TAIL PROB.	*	T VALUE	DEGREES OF FREEDOM	2-TAIL PROB.	*	T VALUE	DEGREES OF FREEDOM	2-TAIL PROB.
1.05	0.863	*	-0.59	76	0.560	*	-0.58	63.23	0.563

VARIABLE	NUMBER OF CASES	MEAN	STANDARD DEVIATION	STANDARD ERROR
TREATMENT TIME				
GROUP 1	23	1.9565	1.331	0.277
GROUP 2	40	2.1750	1.517	0.240

		*	POOLED VARIANCE ESTIMATE			*	SEPARATE VARIANCE ESTIMATE		
F VALUE	2-TAIL PROB.	*	T VALUE	DEGREES OF FREEDOM	2-TAIL PROB.	*	T VALUE	DEGREES OF FREEDOM	2-TAIL PROB.
1.30	0.519	*	-0.57	61	0.568	*	-0.60	51.08	0.554

VARIABLE	NUMBER OF CASES	MEAN	STANDARD DEVIATION	STANDARD ERROR
TIME ELAPSED				
GROUP 1	22	6.7273	3.104	0.662
GROUP 2	40	8.3750	3.010	0.476

		*	POOLED VARIANCE ESTIMATE			*	SEPARATE VARIANCE ESTIMATE		
F VALUE	2-TAIL PROB.	*	T VALUE	DEGREES OF FREEDOM	2-TAIL PROB.	*	T VALUE	DEGREES OF FREEDOM	2-TAIL PROB.
1.06	0.843	*	-2.04	60	0.046	*	-2.02	42.25	0.050

VARIABLE	NUMBER OF CASES	MEAN	STANDARD DEVIATION	STANDARD ERROR
GENERAL HYPOCHONDRIASIS				
GROUP 1	31	2.6129	2.044	0.367
GROUP 2	50	0.6400	0.663	0.094

		POOLED VARIANCE ESTIMATE			SEPARATE VARIANCE ESTIMATE		
F VALUE	2-TAIL PROB.	T VALUE	DEGREES OF FREEDOM	2-TAIL PROB.	T VALUE	DEGREES OF FREEDOM	2-TAIL PROB.
9.51	0.000	6.33	79	0.000	5.21	33.95	0.000

VARIABLE	NUMBER OF CASES	MEAN	STANDARD DEVIATION	STANDARD ERROR
DISEASE CONVICTITON				
GROUP 1	31	2.6774	1.904	0.342
GROUP 2	50	1.5400	1.147	0.162

		POOLED VARIANCE ESTIMATE			SEPARATE VARIANCE ESTIMATE		
F VALUE	2-TAIL PROB.	T VALUE	DEGREES OF FREEDOM	2-TAIL PROB.	T VALUE	DEGREES OF FREEDOM	2-TAIL PROB.
2.76	0.002	3.36	79	0.001	3.01	43.65	0.004

VARIABLE	NUMBER OF CASES	MEAN	STANDARD DEVIATION	STANDARD ERROR
PSYCHOLOGICAL V SOMATIC FOCUS				
GROUP 1	31	1.6452	1.050	0.189
GROUP 2	50	1.7200	0.757	0.107

		POOLED VARIANCE ESTIMATE			SEPARATE VARIANCE ESTIMATE		
F VALUE	2-TAIL PROB.	T VALUE	DEGREES OF FREEDOM	2-TAIL PROB.	T VALUE	DEGREES OF FREEDOM	2-TAIL PROB.
1.93	0.041	-0.37	79	0.711	-0.35	49.30	0.732

VARIABLE	NUMBER OF CASES	MEAN	STANDARD DEVIATION	STANDARD ERROR
AFFECTIVE INHIBITION				
GROUP 1	31	2.8387	1.393	0.250
GROUP 2	50	2.0800	1.482	0.210

		* POOLED VARIANCE ESTIMATE			* SEPARATE VARIANCE ESTIMATE		
F VALUE	2-TAIL PROB.	* T VALUE	DEGREES OF FREEDOM	2-TAIL PROB.	* T VALUE	DEGREES OF FREEDOM	2-TAIL PROB.
1.13	0.727	* 2.29	79	0.025	* 2.32	66.77	0.023

VARIABLE	NUMBER OF CASES	MEAN	STANDARD DEVIATION	STANDARD ERROR
AFFECTIVE DISTURBANCE				
GROUP 1	31	3.2581	1.433	0.266
GROUP 2	50	1.5000	1.298	0.184

		* POOLED VARIANCE ESTIMATE			* SEPARATE VARIANCE ESTIMATE		
F VALUE	2-TAIL PROB.	* T VALUE	DEGREES OF FREEDOM	2-TAIL PROB.	* T VALUE	DEGREES OF FREEDOM	2-TAIL PROB.
1.31	0.400	* 5.61	79	0.000	* 5.44	57.34	0.000

VARIABLE	NUMBER OF CASES	MEAN	STANDARD DEVIATION	STANDARD ERROR
DENIAL				
GROUP 1	31	2.6452	1.743	0.313
GROUP 2	50	3.3400	1.437	0.203

		* POOLED VARIANCE ESTIMATE			* SEPARATE VARIANCE ESTIMATE		
F VALUE	2-TAIL PROB.	* T VALUE	DEGREES OF FREEDOM	2-TAIL PROB.	* T VALUE	DEGREES OF FREEDOM	2-TAIL PROB.
1.47	0.227	* -1.95	79	0.055	* -1.86	54.69	0.068

VARIABLE	NUMBER OF CASES	MEAN	STANDARD DEVIATION	STANDARD ERROR
IRRITABILITY				
GROUP 1	31	2.6452	2.009	0.361
GROUP 2	50	1.7400	1.306	0.185

		* POOLED VARIANCE ESTIMATE			* SEPARATE VARIANCE ESTIMATE		
F VALUE	2-TAIL PROB.	* T VALUE	DEGREES OF FREEDOM	2-TAIL PROB.	* T VALUE	DEGREES OF FREEDOM	2-TAIL PROB.
2.37	0.007	* 2.46	79	0.016	* 2.23	45.36	0.030

VARIABLE	NUMBER OF CASES	MEAN	STANDARD DEVIATION	STANDARD ERROR
AFFECTIVE STATE				
GROUP 1	31	8.5161	3.932	0.706
GROUP 2	50	3.8800	2.219	0.314

		* POOLED VARIANCE ESTIMATE			* SEPARATE VARIANCE ESTIMATE		
F VALUE	2-TAIL PROB.	* T VALUE	DEGREES OF FREEDOM	2-TAIL PROB.	* T VALUE	DEGREES OF FREEDOM	2-TAIL PROB.
3.14	0.000	* 6.79	79	0.000	* 6.00	42.02	0.000

VARIABLE	NUMBER OF CASES	MEAN	STANDARD DEVIATION	STANDARD ERROR
DISEASE AFFIRMATION				
GROUP 1	31	6.0323	2.588	0.465
GROUP 2	50	4.8200	1.637	0.232

		* POOLED VARIANCE ESTIMATE			* SEPARATE VARIANCE ESTIMATE		
F VALUE	2-TAIL PROB.	* T VALUE	DEGREES OF FREEDOM	2-TAIL PROB.	* T VALUE	DEGREES OF FREEDOM	2-TAIL PROB.
2.50	0.004	* 2.59	79	0.012	* 2.33	45.04	0.024

VARIABLE	NUMBER OF CASES	MEAN	STANDARD DEVIATION	STANDARD ERROR
DISCRIMINANT FUNCTION				
GROUP 1	31	56.9258	20.024	3.596
GROUP 2	50	51.3020	13.129	1.857

F VALUE	2-TAIL PROB.	*	POOLED VARIANCE ESTIMATE T VALUE	DEGREES OF FREEDOM	2-TAIL PROB.	*	SEPARATE VARIANCE ESTIMATE T VALUE	DEGREES OF FREEDOM	2-TAIL PROB.
2.33	0.008	*	1.39	79	0.168	*	1.27	46.12	0.212

VARIABLE	NUMBER OF CASES	MEAN	STANDARD DEVIATION	STANDARD ERROR
WHITELEY INDEX				
GROUP 1	31	5.2581	3.633	0.652
GROUP 2	50	1.8000	1.340	0.190

F VALUE	2-TAIL PROB.	*	POOLED VARIANCE ESTIMATE T VALUE	DEGREES OF FREEDOM	2-TAIL PROB.	*	SEPARATE VARIANCE ESTIMATE T VALUE	DEGREES OF FREEDOM	2-TAIL PROB.
7.35	0.000	*	6.11	79	0.000	*	5.09	35.12	0.000

VARIABLE	NUMBER OF CASES	MEAN	STANDARD DEVIATION	STANDARD ERROR
SPIELBERGER STATE TEST				
GROUP 1	29	47.9310	13.193	2.450
GROUP 2	49	33.3265	6.799	0.971

F VALUE	2-TAIL PROB.	*	POOLED VARIANCE ESTIMATE T VALUE	DEGREES OF FREEDOM	2-TAIL PROB.	*	SEPARATE VARIANCE ESTIMATE T VALUE	DEGREES OF FREEDOM	2-TAIL PROB.
3.77	0.000	*	6.45	76	0.000	*	5.54	36.96	0.000

VARIABLE	NUMBER OF CASES	MEAN	STANDARD DEVIATION	STANDARD ERROR
SPIELBERGER TRAIT TEST				
GROUP 1	30	48.5333	11.138	2.033
GROUP 2	49	35.6531	7.236	1.034

		* POOLED VARIANCE ESTIMATE			* SEPARATE VARIANCE ESTIMATE		
F VALUE	2-TAIL PROB.	* T VALUE	DEGREES OF FREEDOM	2-TAIL PROB.	* T VALUE	DEGREES OF FREEDOM	2-TAIL PROB.
2.37	0.008	* 6.24	77	0.000	* 5.65	44.14	0.000

VARIABLE	NUMBER OF CASES	MEAN	STANDARD DEVIATION	STANDARD ERROR
ZUNG DEPRESSION TEST				
GROUP 1	31	47.7419	5.633	1.012
GROUP 2	50	31.4000	5.103	0.722

		* POOLED VARIANCE ESTIMATE			* SEPARATE VARIANCE ESTIMATE		
F VALUE	2-TAIL PROB.	* T VALUE	DEGREES OF FREEDOM	2-TAIL PROB.	* T VALUE	DEGREES OF FREEDOM	2-TAIL PROB.
1.22	0.529	* 13.46	79	0.000	* 13.15	58.95	0.000

VARIABLE	NUMBER OF CASES	MEAN	STANDARD DEVIATION	STANDARD ERROR
LIFE EVENTS				
GROUP 1	31	431.9032	289.587	52.011
GROUP 2	50	418.4800	360.157	50.934

		* POOLED VARIANCE ESTIMATE			* SEPARATE VARIANCE ESTIMATE		
F VALUE	2-TAIL PROB.	* T VALUE	DEGREES OF FREEDOM	2-TAIL PROB.	* T VALUE	DEGREES OF FREEDOM	2-TAIL PROB.
1.55	0.205	* 0.18	79	0.861	* 0.18	73.66	0.854

VARIABLE	NUMBER OF CASES	MEAN	STANDARD DEVIATION	STANDARD ERROR
SERIOUS EVENTS				
GROUP 1	31	312.0000	243.159	43.673
GROUP 2	50	300.7600	283.293	40.064

		* POOLED VARIANCE ESTIMATE			* SEPARATE VARIANCE ESTIMATE		
F VALUE	2-TAIL PROB.	* T VALUE	DEGREES OF FREEDOM	2-TAIL PROB.	* T VALUE	DEGREES OF FREEDOM	2-TAIL PROB.
1.36	0.375	* 0.18	79	0.855	* 0.19	70.97	0.850

CHI SQUARE TEST

SEXUAL PROBLEMS

COUNT	7.00	8.00	ROW TOTAL
1.00	20	11	31 38.3
2.00	36	14	50 61.7
COLUMN TOTAL	56 69.1	25 30.9	81 100.0

CHI-SQUARE	D.F.	SIGNIFICANCE	MIN E.F.	CELLS WITH E.F.< 5
0.21277	1	0.6446	9.568	NONE
0.50227	1	0.4785	(BEFORE YATES CORRECTION)	

NUMBER OF MISSING OBSERVATIONS = 95

RADIOGRAPHIC INDEX

COUNT	0.0	1.00	2.00	99.00	ROW TOTAL
1.00	7	2	12	10	31 38.3
2.00	3	2	11	34	50 61.7
COLUMN TOTAL	10 12.3	4 4.9	23 28.4	44 54.3	81 100.0

CHI-SQUARE	D.F.	SIGNIFICANCE	MIN E.F.	CELLS WITH E.F.< 5
10.87602	3	0.0124	1.531	3 OF 8 (37.5%)

NUMBER OF MISSING OBSERVATIONS = 95

MUSCLE INDEX

COUNT	0.0	1.00	2.00	ROW TOTAL
1.00	2	11	18	31 38.3
2.00	3	21	26	50 61.7
COLUMN TOTAL	5 6.2	32 39.5	44 54.3	81 100.0

CHI-SQUARE	D.F.	SIGNIFICANCE	MIN E.F.	CELLS WITH E.F.< 5
0.34155	2	0.8430	1.914	2 OF 6 (33.3%)

NUMBER OF MISSING OBSERVATIONS = 95

COUNT	TMJ INDEX 0.0	1.00	2.00	ROW TOTAL
1.00	1	15	15	31 38.3
2.00	3	17	30	50 61.7
COLUMN TOTAL	4 4.9	32 39.5	45 55.6	81 100.0

CHI-SQUARE	D.F.	SIGNIFICANCE	MIN E.F.	CELLS WITH E.F.< 5
1.76534	2	0.4137	1.531	2 OF 6 (33.3%)

NUMBER OF MISSING OBSERVATIONS = 95

COUNT	TEETH INDEX 0.0	1.00	2.00	ROW TOTAL
1.00	5	7	19	31 38.3
2.00	7	4	39	50 61.7
COLUMN TOTAL	12 14.8	11 13.6	58 71.6	81 100.0

CHI-SQUARE	D.F.	SIGNIFICANCE	MIN E.F.	CELLS WITH E.F.< 5
3.80038	2	0.1495	4.210	2 OF 6 (33.3%)

NUMBER OF MISSING OBSERVATIONS = 95

COUNT	CLINICAL INDEX 1.00	2.00	ROW TOTAL
1.00	20	11	31 38.3
2.00	27	23	50 61.7
COLUMN TOTAL	47 58.0	34 42.0	81 100.0

CHI-SQUARE	D.F.	SIGNIFICANCE	MIN E.F.	CELLS WITH E.F.< 5
0.49074	1	0.4836	13.012	NONE
0.86586	1	0.3513	(BEFORE YATES CORRECTION)	

NUMBER OF MISSING OBSERVATIONS = 95

ANAMNESTIC INDEX

COUNT	0.0	2.00	ROW TOTAL
1.00	1	30	31 38.3
2.00	1	49	50 61.7
COLUMN TOTAL	2 2.5	79 97.5	81 100.0

CHI-SQUARE	D.F.	SIGNIFICANCE	MIN E.F.	CELLS WITH E.F.< 5
0.00000	1	1.0000	0.765	2 OF 4 (50.0%)
0.11940	1	0.7297	(BEFORE YATES CORRECTION)	

NUMBER OF MISSING OBSERVATIONS = 95

COUNTRY

COUNT	1	2	3	4	6	ROW TOTAL
1.00	18	6	1		6	31 38.3
2.00	35	8	1	1	5	50 61.7
COLUMN TOTAL	53 65.4	14 17.3	2 2.5	1 1.2	11 13.6	81 100.0

CHI-SQUARE	D.F.	SIGNIFICANCE	MIN E.F.	CELLS WITH E.F.< 5
2.51081	4	0.6427	0.383	5 OF 10 (50.0%)

NUMBER OF MISSING OBSERVATIONS = 95

TOTAL TEETH INDEX

COUNT	0.0	1.00	2.00	ROW TOTAL
1.00		1	30	31 39.2
2.00	1	2	45	48 60.8
COLUMN TOTAL	1 1.3	3 3.8	75 94.9	79 100.0

CHI-SQUARE	D.F.	SIGNIFICANCE	MIN E.F.	CELLS WITH E.F.< 5
0.70789	2	0.7019	0.392	4 OF 6 (66.7%)

NUMBER OF MISSING OBSERVATIONS = 97

OCCUPATION

	1	2	3	5	6	7	8	9	ROW TOTAL
	1	9	2			4	7	8	31 38.3
	2	13	11	6	1	5	5	7	50 61.7
	3 3.7	22 27.2	13 16.0	6 7.4	1 1.2	9 11.1	12 14.8	15 18.5	81 100.0

CHI-SQUARE	D.F.	SIGNIFICANCE	MIN E.F.	CELLS WITH E.F.< 5
10.94808	7	0.1409	0.333	9 OF 16 (56.3%)

NUMBER OF MISSING OBSERVATIONS = 95

CURED

COUNT	0.0	1.00	ROW TOTAL
1.00	11	9	20 35.7
2.00	18	18	36 64.3
COLUMN TOTAL	29 51.8	27 48.2	56 100.0

CHI-SQUARE	D.F.	SIGNIFICANCE	MIN E.F.	CELLS WITH E.F.< 5
0.00636 0.12874	1 1	0.9365 0.7197	9.643 (BEFORE YATES CORRECTION)	NONE

NUMBER OF MISSING OBSERVATIONS = 120

TYPE TREATMENT

COUNT	1	3	4	7	ROW TOTAL
1.00	22		1		23 37.1
2.00	35	1		3	39 62.9
COLUMN TOTAL	57 91.9	1 1.6	1 1.6	3 4.8	62 100.0

CHI-SQUARE	D.F.	SIGNIFICANCE	MIN E.F.	CELLS WITH E.F.< 5
4.10957	3	0.2499	0.371	6 OF 8 (75.0%)

NUMBER OF MISSING OBSERVATIONS = 114

MANN WHITNEY U TEST

SERIOUS EVENTS

MEAN RANK	CASES	
42.90	31	GROUP=1.00
39.82	50	GROUP=2.00
	81	TOTAL

		CORRECTED FOR TIES	
U	W	Z	2-TAILED P
716.0	1330.0	-0.5736	0.5663

LIFE EVENTS

MEAN RANK	CASES	
43.45	31	GROUP=1.00
39.48	50	GROUP=2.00
	81	TOTAL

		CORRECTED FOR TIES	
U	W	Z	2-TAILED P
699.0	1347.0	-0.7386	0.4602

ZUNG DEPRESSION SCORE

MEAN RANK	CASES	
66.00	31	GROUP=1.00
25.50	50	GROUP=2.00
	81	TOTAL

		CORRECTED FOR TIES	
U	W	Z	2-TAILED P
0.0	2046.0	-7.5370	0.0000

SPIELBERGER TRAIT SCORE

MEAN RANK	CASES	
55.73	30	GROUP=1.00
30.37	49	GROUP=2.00
	79	TOTAL

		CORRECTED FOR TIES	
U	W	Z	2-TAILED P
263.0	1672.0	-4.7725	0.0000

SPIELBERGER STATE SCORE

MEAN RANK	CASES	
55.43	29	GROUP=1.00
30.07	49	GROUP=2.00

	78	TOTAL

		CORRECTED FOR TIES	
U	W	Z	2-TAILED P
248.5	1607.5	-4.7844	0.0000

WHITELEY INDEX

MEAN RANK	CASES	
56.15	31	GROUP=1.00
31.61	50	GROUP=2.00

	81	TOTAL

		CORRECTED FOR TIES	
U	W	Z	2-TAILED P
305.5	1740.5	-4.6153	0.0000

DISCRIMINANT FUNCTION

MEAN RANK	CASES	
44.89	31	GROUP=1.00
38.59	50	GROUP=2.00

	81	TOTAL

		CORRECTED FOR TIES	
U	W	Z	2-TAILED P
654.5	1391.5	-1.1710	0.2416

DISEASE AFFIRMATION

MEAN RANK	CASES	
47.47	31	GROUP=1.00
36.99	50	GROUP=2.00

	81	TOTAL

		CORRECTED FOR TIES	
U	W	Z	2-TAILED P
574.5	1471.5	-1.9750	0.0483

AFFECTIVE STATE

MEAN RANK	CASES	
53.47	31	GROUP=1.00
30.17	50	GROUP=2.00

	81	TOTAL

		CORRECTED FOR TIES	
U	W	Z	2-TAILED P
233.5	1812.5	-5.2370	0.0000

GENERAL HYPOCHONDRIASIS

MEAN RANK	CASES	
55.44	31	GROUP=1.00
32.05	50	GROUP=2.00

	81	TOTAL

		CORRECTED FOR TIES	
U	W	Z	2-TAILED P
327.5	1718.5	-4.5395	0.0000

DISEASE CONVICTION

MEAN RANK	CASES	
49.50	31	GROUP=1.00
35.73	50	GROUP=2.00

	81	TOTAL

		CORRECTED FOR TIES	
U	W	Z	2-TAILED P
511.5	1534.5	-2.6211	0.0088

PSYCHOLOGICAL V SOMATIC FOCUSING

MEAN RANK	CASES	
39.76	31	GROUP=1.00
41.77	50	GROUP=2.00

	81	TOTAL

		CORRECTED FOR TIES	
U	W	Z	2-TAILED P
736.5	1232.5	-0.4033	0.6867

```
         AFFECTIVE INHIBITION

MEAN RANK      CASES

    48.05          31   GROUP=1.00
    36.63          50   GROUP=2.00
                  ---
                   81   TOTAL

                                        CORRECTED FOR TIES
      U                W                    Z          2-TAILED P
   556.5            1489.5              -2.1629         0.0305

         AFFECTIVE DISTURBANCE

MEAN RANK      CASES

    56.32          31   GROUP=1.00
    31.50          50   GRUOP=2.00
                  ---
                   81   TOTAL

                                        CORRECTED FOR TIES
      U                W                    Z          2-TAILED P
   300.0            1746.0              -4.7166         0.0000

         DENIAL

MEAN RANK      CASES

    35.27          31   GROUP=1.00
    44.55          50   GROUP=2.00
                  ---
                   81   TOTAL

                                        CORRECTED FOR TIES
      U                W                    Z          2-TAILED P
   597.5            1093.5              -1.7585         0.0787

         IRRITABILITY

MEAN RANK      CASES

    47.15          31   GROUP=1.00
    37.19          50   GROUP=2.00
                  ---
                   81   TOTAL

                                        CORRECTED FOR TIES
      U                W                    Z          2-TAILED P
   584.5            1461.5              -1.8929         0.0584
```

APPENDIX V

PART B

SECTION 5

(Pages B.5.133 to B.5.149)

9. This section describes statistical analysis between two groups of patients who had a low Depression score (i.e. below 40) and who suffered from either:

(a) TMJ Dysfunction or,

(b) Dental pain.

T - T E S T

VARIABLE	NUMBER OF CASES	MEAN	STANDARD DEVIATION	STANDARD ERROR
AGE				
GROUP 1	50	35.3400	16.162	2.286
GROUP 2	26	35.7692	14.393	2.323

F VALUE	2-TAIL PROB.	*	POOLED VARIANCE ESTIMATE T VALUE	DEGREES OF FREEDOM	2-TAIL PROB.	*	SEPARATE VARIANCE ESTIMATE T VALUE	DEGREES OF FREEDOM	2-TAIL PROB.
1.26	0.539	*	-0.11	74	0.910	*	-0.12	56.21	0.906

VARIABLE	NUMBER OF CASES	MEAN	STANDARD DEVIATION	STANDARD ERROR
ANAMNESTIC INDEX				
GROUP 1	50	1.9600	0.283	0.040
GROUP 2	26	0.6923	0.970	0.190

F VALUE	2-TAIL PROB.	*	POOLED VARIANCE ESTIMATE T VALUE	DEGREES OF FREEDOM	2-TAIL PROB.	*	SEPARATE VARIANCE ESTIMATE T VALUE	DEGREES OF FREEDOM	2-TAIL PROB.
11.77	0.000	*	8.61	74	0.000	*	6.52	27.23	0.000

VARIABLE	NUMBER OF CASES	MEAN	STANDARD DEVIATION	STANDARD ERROR
CLINICAL INDEX				
GROUP 1	50	1.4600	0.503	0.071
GROUP 2	26	19.3462	39.639	7.774

F VALUE	2-TAIL PROB.	*	POOLED VARIANCE ESTIMATE T VALUE	DEGREES OF FREEDOM	2-TAIL PROB.	*	SEPARATE VARIANCE ESTIMATE T VALUE	DEGREES OF FREEDOM	2-TAIL PROB.
6199.07	0.000	*	-3.21	74	0.002	*	-2.30	25.00	0.030

VARIABLE	NUMBER OF CASES	MEAN	STANDARD DEVIATION	STANDARD ERROR
MUSCLE INDEX				
GROUP 1	50	1.4600	0.613	0.087
GROUP 2	21	0.0952	0.301	0.066

		*	POOLED VARIANCE ESTIMATE			*	SEPARATE VARIANCE ESTIMATE		
F VALUE	2-TAIL PROB.	*	T VALUE	DEGREES OF FREEDOM	2-TAIL PROB.	*	T VALUE	DEGREES OF FREEDOM	2-TAIL PROB.
4.15	0.001	*	9.69	69	0.000	*	12.55	67.19	0.000

VARIABLE	NUMBER OF CASES	MEAN	STANDARD DEVIATION	STANDARD ERROR
TMJ INDEX				
GROUP 1	50	1.5400	0.613	0.087
GROUP 2	21	0.3333	0.577	0.126

		*	POOLED VARIANCE ESTIMATE			*	SEPARATE VARIANCE ESTIMATE		
F VALUE	2-TAIL PROB.	*	T VALUE	DEGREES OF FREEDOM	2-TAIL PROB.	*	T VALUE	DEGREES OF FREEDOM	2-TAIL PROB.
1.13	0.793	*	7.70	69	0.000	*	7.89	39.79	0.000

VARIABLE	NUMBER OF CASES	MEAN	STANDARD DEVIATION	STANDARD ERROR
PAIN DURATION				
GROUP 1	42	11.5000	19.510	3.010
GROUP 2	3	2.6667	1.155	0.667

		*	POOLED VARIANCE ESTIMATE			*	SEPARATE VARIANCE ESTIMATE		
F VALUE	2-TAIL PROB.	*	T VALUE	DEGREES OF FREEDOM	2-TAIL PROB.	*	T VALUE	DEGREES OF FREEDOM	2-TAIL PROB.
285.48	0.007	*	0.78	43	0.442	*	2.86	43.00	0.006

VARIABLE	NUMBER OF CASES	MEAN	STANDARD DEVIATION	STANDARD ERROR
NUMBER TEETH				
GROUP 1	50	22.3000	9.960	1.409
GROUP 2	26	20.1923	11.250	2.206

		* POOLED VARIANCE ESTIMATE			* SEPARATE VARIANCE ESTIMATE		
F VALUE	2-TAIL PROB.	* T VALUE	DEGREES OF FREEDOM	2-TAIL PROB.	* T VALUE	DEGREES OF FREEDOM	2-TAIL PROB.
1.28	0.458	* 0.84	74	0.405	* 0.81	45.66	0.425

VARIABLE	NUMBER OF CASES	MEAN	STANDARD DEVIATION	STANDARD ERROR
TEETH INDEX				
GROUP 1	50	1.6400	0.722	0.102
GROUP 2	26	1.5385	0.761	0.149

		* POOLED VARIANCE ESTIMATE			* SEPARATE VARIANCE ESTIMATE		
F VALUE	2-TAIL PROB.	* T VALUE	DEGREES OF FREEDOM	2-TAIL PROB.	* T VALUE	DEGREES OF FREEDOM	2-TAIL PROB.
1.11	0.734	* 0.57	74	0.570	* 0.56	48.47	0.577

VARIABLE	NUMBER OF CASES	MEAN	STANDARD DEVIATION	STANDARD ERROR
CONTACTS				
GROUP 1	47	24.9149	6.220	0.907
GROUP 2	22	22.5000	9.159	1.953

		* POOLED VARIANCE ESTIMATE			* SEPARATE VARIANCE ESTIMATE		
F VALUE	2-TAIL PROB.	* T VALUE	DEGREES OF FREEDOM	2-TAIL PROB.	* T VALUE	DEGREES OF FREEDOM	2-TAIL PROB.
2.17	0.029	* 1.29	67	0.203	* 1.12	30.40	0.271

VARIABLE	NUMBER OF CASES	MEAN	STANDARD DEVIATION	STANDARD ERROR
GENERAL HYPOCHONDRIASIS				
GROUP 1	50	0.6400	0.663	0.094
GROUP 2	26	1.0000	1.166	0.229

		* POOLED VARIANCE ESTIMATE			* SEPARATE VARIANCE ESTIMATE		
F VALUE	2-TAIL PROB.	* T VALUE	DEGREES OF FREEDOM	2-TAIL PROB.	* T VALUE	DEGREES OF FREEDOM	2-TAIL PROB.
3.10	0.001	* -1.72	74	0.090	* -1.46	33.62	0.155

VARIABLE	NUMBER OF CASES	MEAN	STANDARD DEVIATION	STANDARD ERROR
DISEASE CONVICTION				
GROUP 1	50	1.5400	1.147	0.162
GROUP 2	26	0.8077	0.801	0.157

		* POOLED VARIANCE ESTIMATE			* SEPARATE VARIANCE ESTIMATE		
F VALUE	2-TAIL PROB.	* T VALUE	DEGREES OF FREEDOM	2-TAIL PROB.	* T VALUE	DEGREES OF FREEDOM	2-TAIL PROB.
2.05	0.055	* 2.90	74	0.005	* 3.24	67.54	0.002

VARIABLE	NUMBER OF CASES	MEAN	STANDARD DEVIATION	STANDARD ERROR
PSYCHOLOGICAL V SOMATIC FOCUS				
GROUP 1	50	1.7200	0.757	0.107
GROUP 2	26	2.0385	0.599	0.117

		POOLED VARIANCE ESTIMATE			SEPARATE VARIANCE ESTIMATE		
F VALUE	2-TAIL PROB.	T VALUE	DEGREES OF FREEDOM	2-TAIL PROB.	T VALUE	DEGREES OF FREEDOM	2-TAIL PROB.
1.60	0.206	-1.86	74	0.067	-2.00	61.99	0.049

VARIABLE	NUMBER OF CASES	MEAN	STANDARD DEVIATION	STANDARD ERROR
AFFECTIVE INHIBITION				
GROUP 1	50	2.0800	1.482	0.210
GROUP 2	26	1.6923	1.692	0.332

		POOLED VARIANCE ESTIMATE			SEPARATE VARIANCE ESTIMATE		
F VALUE	2-TAIL PROB.	T VALUE	DEGREES OF FREEDOM	2-TAIL PROB.	T VALUE	DEGREES OF FREEDOM	2-TAIL PROB.
1.30	0.423	1.03	74	0.306	0.99	45.27	0.328

VARIABLE	NUMBER OF CASES	MEAN	STANDARD DEVIATION	STANDARD ERROR
AFFECTIVE DISTURBANCE				
GROUP 1	50	1.5000	1.298	0.184
GROUP 2	26	0.6154	0.983	0.193

		POOLED VARIANCE ESTIMATE			SEPARATE VARIANCE ESTIMATE		
F VALUE	2-TAIL PROB.	T VALUE	DEGREES OF FREEDOM	2-TAIL PROB.	T VALUE	DEGREES OF FREEDOM	2-TAIL PROB.
1.74	0.135	3.05	74	0.003	3.32	64.02	0.001

VARIABLE	NUMBER OF CASES	MEAN	STANDARD DEVIATION	STANDARD ERROR
DENIAL				
GROUP 1	50	3.3400	1.437	0.203
GROUP 2	26	3.0385	1.428	0.280

		POOLED VARIANCE ESTIMATE			SEPARATE VARIANCE ESTIMATE		
F VALUE	2-TAIL PROB.	T VALUE	DEGREES OF FREEDOM	2-TAIL PROB.	T VALUE	DEGREES OF FREEDOM	2-TAIL PROB.
1.01	1.000	0.87	74	0.387	0.87	51.06	0.388

VARIABLE	NUMBER OF CASES	MEAN	STANDARD DEVIATION	STANDARD ERROR
IRRITABILITY				
GROUP 1	50	1.7400	1.306	0.185
GROUP 2	26	1.1923	0.849	0.167

		POOLED VARIANCE ESTIMATE			SEPARATE VARIANCE ESTIMATE		
F VALUE	2-TAIL PROB.	T VALUE	DEGREES OF FREEDOM	2-TAIL PROB.	T VALUE	DEGREES OF FREEDOM	2-TAIL PROB.
2.37	0.022	1.93	74	0.057	2.20	70.16	0.031

VARIABLE	NUMBER OF CASES	MEAN	STANDARD DEVIATION	STANDARD ERROR
AFFECTIVE STATE				
GROUP 1	50	3.8800	2.219	0.314
GROUP 2	26	2.8077	2.079	0.408

		POOLED VARIANCE ESTIMATE			SEPARATE VARIANCE ESTIMATE		
F VALUE	2-TAIL PROB.	T VALUE	DEGREES OF FREEDOM	2-TAIL PROB.	T VALUE	DEGREES OF FREEDOM	2-TAIL PROB.
1.14	0.740	2.04	74	0.045	2.08	53.77	0.042

VARIABLE	NUMBER OF CASES	MEAN	STANDARD DEVIATION	STANDARD ERROR
DISEASE AFFIRMATION				
GROUP 1	50	4.3800	1.637	0.232
GROUP 2	26	3.7692	0.765	0.150

		*	POOLED VARIANCE ESTIMATE			*	SEPARATE VARIANCE ESTIMATE		
F VALUE	2-TAIL PROB.	*	T VALUE	DEGREES OF FREEDOM	2-TAIL PROB.	*	T VALUE	DEGREES OF FREEDOM	2-TAIL PROB.
4.59	0.000	*	3.09	74	0.003	*	3.81	73.41	0.000

VARIABLE	NUMBER OF CASES	MEAN	STANDARD DEVIATION	STANDARD ERROR
DISCRIMINANT FUNCTION				
GROUP 1	50	51.8020	13.129	1.857
GROUP 2	26	43.8385	6.294	1.234

		*	POOLED VARIANCE ESTIMATE			*	SEPARATE VARIANCE ESTIMATE		
F VALUE	2-TAIL PROB.	*	T VALUE	DEGREES OF FREEDOM	2-TAIL PROB.	*	T VALUE	DEGREES OF FREEDOM	2-TAIL PROB.
4.35	0.000	*	2.90	74	0.005	*	3.55	73.68	0.001

VARIABLE	NUMBER OF CASES	MEAN	STANDARD DEVIATION	STANDARD ERROR
WHITELEY INDEX				
GROUP 1	50	1.8000	1.340	0.190
GROUP 2	26	1.6154	1.169	0.229

		*	POOLED VARIANCE ESTIMATE			*	SEPARATE VARIANCE ESTIMATE		
F VALUE	2-TAIL PROB.	*	T VALUE	DEGREES OF FREEDOM	2-TAIL PROB.	*	T VALUE	DEGREES OF FREEDOM	2-TAIL PROB.
1.31	0.465	*	0.59	74	0.554	*	0.62	57.22	0.537

VARIABLE	NUMBER OF CASES	MEAN	STANDARD DEVIATION	STANDARD ERROR
SPIELBERGER STATE TEST				
GROUP 1	49	33.3265	6.799	0.971
GROUP 2	26	32.9615	7.376	1.447

		*	POOLED VARIANCE ESTIMATE			*	SEPARATE VARIANCE ESTIMATE		
F VALUE	2-TAIL PROB.	*	T VALUE	DEGREES OF FREEDOM	2-TAIL PROB.	*	T VALUE	DEGREES OF FREEDOM	2-TAIL PROB.
1.18	0.613	*	0.21	73	0.831	*	0.21	47.57	0.835

VARIABLE	NUMBER OF CASES	MEAN	STANDARD DEVIATION	STANDARD ERROR
SPIELBERGER TRAIT TEST				
GROUP 1	49	35.6531	7.236	1.034
GROUP 2	26	32.7692	5.559	1.090

		*	POOLED VARIANCE ESTIMATE			*	SEPARATE VARIANCE ESTIMATE		
F VALUE	2-TAIL PROB.	*	T VALUE	DEGREES OF FREEDOM	2-TAIL PROB.	*	T VALUE	DEGREES OF FREEDOM	2-TAIL PROB.
1.69	0.157	*	1.77	73	0.081	*	1.92	63.45	0.059

VARIABLE	NUMBER OF CASES	MEAN	STANDARD DEVIATION	STANDARD ERROR
ZUNG DEPRESSION TEST				
GROUP 1	50	31.4000	5.103	0.722
GROUP 2	26	27.8846	3.581	0.702

		*	POOLED VARIANCE ESTIMATE			*	SEPARATE VARIANCE ESTIMATE		
F VALUE	2-TAIL PROB.	*	T VALUE	DEGREES OF FREEDOM	2-TAIL PROB.	*	T VALUE	DEGREES OF FREEDOM	2-TAIL PROB.
2.03	0.058	*	3.13	74	0.003	*	3.49	67.35	0.001

VARIABLE	NUMBER OF CASES	MEAN	STANDARD DEVIATION	STANDARD ERROR
LIFE EVENTS				
GROUP 1	50	416.4800	360.157	50.934
GROUP 2	26	324.4231	206.961	40.588

		* POOLED VARIANCE ESTIMATE			* SEPARATE VARIANCE ESTIMATE		
F VALUE	2-TAIL PROB.	* T VALUE	DEGREES OF FREEDOM	2-TAIL PROB.	* T VALUE	DEGREES OF FREEDOM	2-TAIL PROB.
3.03	0.004	* 1.23	74	0.223	* 1.44	73.16	0.153

VARIABLE	NUMBER OF CASES	MEAN	STANDARD DEVIATION	STANDARD ERROR
SERIOUS EVENTS				
GROUP 1	50	330.7600	283.293	40.064
GROUP 2	26	215.9615	157.512	30.891

		* POOLED VARIANCE ESTIMATE			* SEPARATE VARIANCE ESTIMATE		
F VALUE	2-TAIL PROB.	* T VALUE	DEGREES OF FREEDOM	2-TAIL PROB.	* T VALUE	DEGREES OF FREEDOM	2-TAIL PROB.
3.23	0.002	* 1.41	74	0.162	* 1.63	73.60	0.098

CHI SQUARE TEST

SEXUAL PROBLEMS

COUNT	7.00	8.00	ROW TOTAL
1.00	36	14	50 65.8
2.00	24	2	26 34.2
COLUMN TOTAL	60 78.9	16 21.1	76 100.0

CHI-SQUARE	D.F.	SIGNIFICANCE	MIN E.F.	CELLS WITH E.F.< 5
3.11040	1	0.0778	5.474	NONE
4.24431	1	0.0394	(BEFORE YATES CORRECTION)	

NUMBER OF MISSING OBSERVATIONS = 100

RADIOGRAPHIC INDEX

COUNT	0.0	1.00	2.00	99.00	ROW TOTAL
1.00	3	2	11	34	50 65.8
2.00	2	2	3	19	26 34.2
COLUMN TOTAL	5 6.6	4 5.3	14 18.4	53 69.7	76 100.0

CHI-SQUARE	D.F.	SIGNIFICANCE	MIN E.F.	CELLS WITH E.F.< 5
1.59702	3	0.6601	1.368	5 OF 8 (62.5%)

NUMBER OF MISSING OBSERVATIONS = 100

MUSCLE INDEX

COUNT	0.0	1.00	2.00	ROW TOTAL
1.00	3	21	26	50 70.4
2.00	19	2		21 29.6
COLUMN TOTAL	22 31.0	23 32.4	26 36.6	71 100.0

CHI-SQUARE	D.F.	SIGNIFICANCE	MIN E.F.	CELLS WITH E.F.< 5
49.79422	2	0.0000	6.507	NONE

NUMBER OF MISSING OBSERVATIONS = 105

TMJ INDEX

COUNT	0.0	1.00	2.00	ROW TOTAL
1.00	3	17	30	50 70.4
2.00	15	5	1	21 29.6
COLUMN TOTAL	18 25.4	22 31.0	31 43.7	71 100.0

CHI-SQUARE	D.F.	SIGNIFICANCE	MIN E.F.	CELLS WITH E.F.< 5
35.80240	2	0.0000	5.324	NONE

NUMBER OF MISSING OBSERVATIONS = 105

TEETH INDEX

COUNT	0.0	1.00	2.00	ROW TOTAL
1.00	7	4	39	50 65.8
2.00	4	4	18	26 34.2
COLUMN TOTAL	11 14.5	8 10.5	57 75.0	76 100.0

CHI-SQUARE	D.F.	SIGNIFICANCE	MIN E.F.	CELLS WITH E.F.< 5
1.08420	2	0.5815	2.737	2 OF 6 (33.3%)

NUMBER OF MISSING OBSERVATIONS = 100

CLINICAL INDEX

COUNT	0.0	1.00	2.00	99.00	ROW TOTAL
1.00		27	23		50 65.8
2.00	13	8		5	26 34.2
COLUMN TOTAL	13 17.1	35 46.1	23 30.3	5 6.6	76 100.0

CHI-SQUARE	D.F.	SIGNIFICANCE	MIN E.F.	CELLS WITH E.F.< 5
48.57987	3	0.0000	1.711	3 OF 8 (37.5%)

NUMBER OF MISSING OBSERVATIONS = 100

ANAMNESTIC INDEX

COUNT	0.0	2.00	ROW TOTAL
1.00	1	49	50 65.8
2.00	17	9	26 34.2
COLUMN TOTAL	18 23.7	58 76.3	76 100.0

CHI-SQUARE	D.F.	SIGNIFICANCE	MIN E.F.	CELLS WITH E.F.< 5
34.59512	1	0.0000	6.158	NONE
38.02106	1	0.0000	(BEFORE YATES CORRECTION)	

NUMBER OF MISSING OBSERVATIONS = 100

COUNTRY

COUNT	1	2	3	4	6	ROW TOTAL
1.00	35	8	1	1	5	50 65.8
2.00	18	2	1		5	26 34.2
COLUMN TOTAL	53 69.7	10 13.2	2 2.6	1 1.3	10 13.2	76 100.0

CHI-SQUARE	D.F.	SIGNIFICANCE	MIN E.F.	CELLS WITH E.F.< 5
2.74791	4	0.6009	0.342	6 OF 10 (60.0%)

NUMBER OF MISSING OBSERVATIONS = 100

TOTAL TEETH INDEX

COUNT	0.0	1.00	2.00	ROW TOTAL
1.00	1	2	45	48 68.6
2.00		3	19	22 31.4
COLUMN TOTAL	1 1.4	5 7.1	64 91.4	70 100.0

CHI-SQUARE	D.F.	SIGNIFICANCE	MIN E.F.	CELLS WITH E.F.< 5
2.44229	2	0.2949	0.314	4 OF 6 (66.7%)

NUMBER OF MISSING OBSERVATIONS = 106

OCCUPATION

	1	2	3	5	6	7	8	9	ROW TOTAL
	2	13	11	6	1	5	5	7	50 65.8
	3	5	3	2	2		7	4	26 34.2
	5 6.6	18 23.7	14 18.4	8 10.5	3 3.9	5 6.6	12 15.8	11 14.5	76 100.0

CHI-SQUARE	D.F.	SIGNIFICANCE	MIN E.F.	CELLS WITH E.F.< 5
10.25560	7	0.1745	1.026	10 OF 16 (62.5%)

NUMBER OF MISSING OBSERVATIONS = 100

```
                MANN WHITNEY U TEST
                ========================

        SERIOUS EVENTS


MEAN RANK      CASES

   40.10          50   GROUP=1.00
   35.42          26   GROUP=2.00
                 ---
                  76   TOTAL

                                     CORRECTED FOR TIES
    U               W                   Z       2-TAILED P
  570.0           921.0            -0.8762       0.3809

        LIFE EVENTS


MEAN RANK      CASES

   39.73          50   GROUP=1.00
   36.13          26   GROUP=2.00
                 ---
                  76   TOTAL

                                     CORRECTED FOR TIES
    U               W                   Z       2-TAILED P
  588.5           939.5            -0.6734       0.5007

        ZUNG DEPRESSION SCORE


MEAN RANK      CASES

   44.15          50   GROUP=1.00
   27.63          26   GROUP=2.00
                 ---
                  76   TOTAL

                                     CORRECTED FOR TIES
    U               W                   Z       2-TAILED P
  367.5           718.5            -3.1003       0.0019

        SPIELBERGER TRAIT SCORE


MEAN RANK      CASES

   40.84          49   GROUP=1.00
   32.65          26   GROUP=2.00
                 ---
                  75   TOTAL

                                     CORRECTED FOR TIES
    U               W                   Z       2-TAILED P
  498.0           849.0            -1.5496       0.1212
```

```
        SPIELBERGER STATE SCORE

MEAN RANK    CASES

    38.23       49   GROUP=1.00
    37.56       26   GROUP=2.00
               ---
                75   TOTAL

                                          CORRECTED FOR TIES
     U                 W                  Z            2-TAILED P
   625.5             976.5           -0.1283          0.8979

        WHITELEY INDEX

MEAN RANK    CASES

    39.13       50   GROUP=1.00
    37.29       26   GROUP=2.00
               ---
                76   TOTAL

                                          CORRECTED FOR TIES
     U                 W                  Z            2-TAILED P
   613.5             969.5           -0.3551          0.7225

        DISCRIMINANT FUNCTION

MEAN RANK    CASES

    43.17       50   GROUP=1.00
    29.52       26   GROUP=2.00
               ---
                76   TOTAL

                                          CORRECTED FOR TIES
     U                 W                  Z            2-TAILED P
   416.5             767.5           -2.5574          0.0105

        DISEASE AFFIRMATION

MEAN RANK    CASES

    43.50       50   GROUP=1.00
    28.88       26   GROUP=2.00
               ---
                76   TOTAL

                                          CORRECTED FOR TIES
     U                 W                  Z            2-TAILED P
   400.0             751.0           -2.8098          0.0050

        AFFECTIVE STATE

MEAN RANK    CASES

    42.45       50   GROUP=1.00
    30.90       26   GROUP=2.00
               ---
                76   TOTAL

                                          CORRECTED FOR TIES
     U                 W                  Z            2-TAILED P
   452.5             803.5           -2.1886          0.0286
```

GENERAL HYPOCHONDRIASIS

MEAN RANK	CASES	
36.73	50	GROUP=1.00
41.81	26	GROUP=2.00

	76	TOTAL

		CORRECTED FOR TIES	
U	W	Z	2-TAILED P
564.0	1087.0	-1.0232	0.3062

DISEASE CONVICTION

MEAN RANK	CASES	
43.17	50	GROUP=1.00
29.52	26	GROUP=2.00

	76	TOTAL

		CORRECTED FOR TIES	
U	W	Z	2-TAILED P
416.5	767.5	-2.6562	0.0079

PSYCHOLOGICAL V SOMATIC FOCUSING

MEAN RANK	CASES	
35.61	50	GROUP=1.00
44.06	26	GROUP=2.00

	76	TOTAL

		CORRECTED FOR TIES	
U	W	Z	2-TAILED P
505.5	1145.5	-1.7844	0.0744

AFFECTIVE INHIBITION

```
MEAN RANK     CASES

    40.78        50   GROUP=1.00
    34.12        26   GROUP=2.00
                ---
                 76   TOTAL

                                    CORRECTED FOR TIES
     U              W                    Z       2-TAILED P
   536.0          887.0             -1.2720        0.2034
```

AFFECTIVE DISTURBANCE

```
MEAN RANK     CASES

    43.94        50   GROUP=1.00
    28.04        26   GROUP=2.00
                ---
                 76   TOTAL

                                    CORRECTED FOR TIES
     U              W                    Z       2-TAILED P
   378.0          729.0             -3.1198        0.0018
```

DENIAL

```
MEAN RANK     CASES

    40.32        50   GROUP=1.00
    35.00        26   GROUP=2.00
                ---
                 76   TOTAL

                                    CORRECTED FOR TIES
     U              W                    Z       2-TAILED P
   559.0          910.0             -1.0230        0.3063
```

IRRITABILITY

```
MEAN RANK     CASES

    41.31        50   GROUP=1.00
    33.10        26   GROUP=2.00
                ---
                 76   TOTAL

                                    CORRECTED FOR TIES
     U              W                    Z       2-TAILED P
   509.5          860.5             -1.6274        0.1036
```

APPENDIX V

PART B

SECTION 5

(Pages B.5.150 to B.5. 164)

10. This section describes statistical analysis between two groups of patients who had a high depression score (i.e. above 40) and who suffered from either:

(a) TMJ Dysfunction or

(b) Dental pain.

T - T E S T

VARIABLE	NUMBER OF CASES	MEAN	STANDARD DEVIATION	STANDARD ERROR
AGE				
GROUP 1	31	39.8065	19.744	3.546
GROUP 2	17	34.9412	17.355	4.209

		POOLED VARIANCE ESTIMATE			SEPARATE VARIANCE ESTIMATE		
F VALUE	2-TAIL PROB.	T VALUE	DEGREES OF FREEDOM	2-TAIL PROB.	T VALUE	DEGREES OF FREEDOM	2-TAIL PROB.
1.29	0.596	0.85	46	0.399	0.83	36.87	0.382

VARIABLE	NUMBER OF CASES	MEAN	STANDARD DEVIATION	STANDARD ERROR
ANAMNESTIC INDEX				
GROUP 1	31	1.9355	0.359	0.065
GROUP 2	17	1.1765	1.015	0.246

		POOLED VARIANCE ESTIMATE			SEPARATE VARIANCE ESTIMATE		
F VALUE	2-TAIL PROB.	T VALUE	DEGREES OF FREEDOM	2-TAIL PROB.	T VALUE	DEGREES OF FREEDOM	2-TAIL PROB.
7.98	0.000	3.79	46	0.000	2.98	18.23	0.008

VARIABLE	NUMBER OF CASES	MEAN	STANDARD DEVIATION	STANDARD ERROR
CLINICAL INDEX				
GROUP 1	31	1.3548	0.486	0.087
GROUP 2	17	12.2353	32.660	7.921

		POOLED VARIANCE ESTIMATE			SEPARATE VARIANCE ESTIMATE		
F VALUE	2-TAIL PROB.	T VALUE	DEGREES OF FREEDOM	2-TAIL PROB.	T VALUE	DEGREES OF FREEDOM	2-TAIL PROB.
4509.19	0.000	-1.87	46	0.068	-1.37	16.00	0.189

VARIABLE	NUMBER OF CASES	MEAN	STANDARD DEVIATION	STANDARD ERROR
MUSCLE INDEX				
GROUP 1	31	1.5161	0.626	0.112
GROUP 2	15	0.4000	0.507	0.131

		POOLED VARIANCE ESTIMATE			SEPARATE VARIANCE ESTIMATE		
F VALUE	2-TAIL PROB.	T VALUE	DEGREES OF FREEDOM	2-TAIL PROB.	T VALUE	DEGREES OF FREEDOM	2-TAIL PROB.
1.52	0.409	6.01	44	0.000	6.47	33.69	0.000

VARIABLE	NUMBER OF CASES	MEAN	STANDARD DEVIATION	STANDARD ERROR
TMJ INDEX				
GROUP 1	31	1.4516	0.568	0.102
GROUP 2	15	0.4667	0.516	0.133

		POOLED VARIANCE ESTIMATE			SEPARATE VARIANCE ESTIMATE		
F VALUE	2-TAIL PROB.	T VALUE	DEGREES OF FREEDOM	2-TAIL PROB.	T VALUE	DEGREES OF FREEDOM	2-TAIL PROB.
1.21	0.726	5.67	44	0.000	5.87	30.34	0.000

VARIABLE	NUMBER OF CASES	MEAN	STANDARD DEVIATION	STANDARD ERROR
PAIN DURATION				
GROUP 1	23	17.6522	21.584	4.501
GROUP 2	5	5.2000	5.167	2.311

		POOLED VARIANCE ESTIMATE			SEPARATE VARIANCE ESTIMATE		
F VALUE	2-TAIL PROB.	T VALUE	DEGREES OF FREEDOM	2-TAIL PROB.	T VALUE	DEGREES OF FREEDOM	2-TAIL PROB.
17.45	0.013	1.26	26	0.217	2.46	25.41	0.021

VARIABLE	NUMBER OF CASES	MEAN	STANDARD DEVIATION	STANDARD ERROR
NUMBER OF TEETH				
GROUP 1	31	19.4839	10.535	1.892
GROUP 2	17	20.2941	9.980	2.420

		POOLED VARIANCE ESTIMATE			SEPARATE VARIANCE ESTIMATE		
F VALUE	2-TAIL PROB.	T VALUE	DEGREES OF FREEDOM	2-TAIL PROB.	T VALUE	DEGREES OF FREEDOM	2-TAIL PROB.
1.11	0.843	-0.26	46	0.796	-0.26	34.63	0.794

VARIABLE	NUMBER OF CASES	MEAN	STANDARD DEVIATION	STANDARD ERROR
TEETH INDEX				
GROUP 1	31	1.4516	0.768	0.138
GROUP 2	17	1.5294	0.717	0.174

		POOLED VARIANCE ESTIMATE			SEPARATE VARIANCE ESTIMATE		
F VALUE	2-TAIL PROB.	T VALUE	DEGREES OF FREEDOM	2-TAIL PROB.	T VALUE	DEGREES OF FREEDOM	2-TAIL PROB.
1.14	0.796	-0.34	46	0.733	-0.35	35.03	0.728

VARIABLE	NUMBER OF CASES	MEAN	STANDARD DEVIATION	STANDARD ERROR
CONTACTS				
GROUP 1	31	24.0645	6.377	1.145
GROUP 2	15	24.5333	3.523	0.910

		* POOLED VARIANCE ESTIMATE			* SEPARATE VARIANCE ESTIMATE		
F VALUE	2-TAIL PROB.	T VALUE	DEGREES OF FREEDOM	2-TAIL PROB.	T VALUE	DEGREES OF FREEDOM	2-TAIL PROB.
3.28	0.022	-0.26	44	0.792	-0.32	43.07	0.750

ARIABLE	NUMBER OF CASES	MEAN	STANDARD DEVIATION	STANDARD ERROR
GENERAL HYPOCHONDRIASIS				
GROUP 1	31	2.6129	2.044	0.367
GROUP 2	17	2.1176	2.421	0.587

		* POOLED VARIANCE ESTIMATE			* SEPARATE VARIANCE ESTIMATE		
F VALUE	2-TAIL PROB.	T VALUE	DEGREES OF FREEDOM	2-TAIL PROB.	T VALUE	DEGREES OF FREEDOM	2-TAIL PROB.
1.40	0.412	0.75	46	0.456	0.72	28.62	0.480

VARIABLE	NUMBER OF CASES	MEAN	STANDARD DEVIATION	STANDARD ERROR
DISEASE CONVICTION				
GROUP 1	31	2.6774	1.904	0.342
GROUP 2	17	1.8235	1.551	0.376

		* POOLED VARIANCE ESTIMATE			* SEPARATE VARIANCE ESTIMATE		
F VALUE	2-TAIL PROB.	T VALUE	DEGREES OF FREEDOM	2-TAIL PROB.	T VALUE	DEGREES OF FREEDOM	2-TAIL PROB.
1.51	0.389	1.53	46	0.121	1.68	39.13	0.101

VARIABLE	NUMBER OF CASES	MEAN	STANDARD DEVIATION	STANDARD ERROR
PSYCHOLOGICAL V SOMATIC FOCUS				
GROUP 1	31	1.6452	1.050	0.189
GROUP 2	17	2.0000	0.791	0.192

		* POOLED VARIANCE ESTIMATE			* SEPARATE VARIANCE ESTIMATE		
F VALUE	2-TAIL PROB.	T VALUE	DEGREES OF FREEDOM	2-TAIL PROB.	T VALUE	DEGREES OF FREEDOM	2-TAIL PROB.
1.77	0.232	-1.21	46	0.231	-1.32	41.32	0.194

VARIABLE	NUMBER OF CASES	MEAN	STANDARD DEVIATION	STANDARD ERROR
AFFECTIVE INHIBITION				
GROUP 1	31	2.8387	1.393	0.250
GROUP 2	17	3.2353	1.251	0.304

		* POOLED VARIANCE ESTIMATE			* SEPARATE VARIANCE ESTIMATE		
F VALUE	2-TAIL PROB.	* T VALUE	DEGREES OF FREEDOM	2-TAIL PROB.	* T VALUE	DEGREES OF FREEDOM	2-TAIL PROB.
1.24	0.665	* -0.98	46	0.334	* -1.01	36.21	0.320

VARIABLE	NUMBER OF CASES	MEAN	STANDARD DEVIATION	STANDARD ERROR
AFFECTIVE DISTURBANCE				
GROUP 1	31	3.2581	1.433	0.266
GROUP 2	17	2.8824	1.364	0.331

		* POOLED VARIANCE ESTIMATE			* SEPARATE VARIANCE ESTIMATE		
F VALUE	2-TAIL PROB.	* T VALUE	DEGREES OF FREEDOM	2-TAIL PROB.	* T VALUE	DEGREES OF FREEDOM	2-TAIL PROB.
1.18	0.743	* 0.86	46	0.393	* 0.88	35.50	0.382

VARIABLE	NUMBER OF CASES	MEAN	STANDARD DEVIATION	STANDARD ERROR
DENIAL				
GROUP 1	31	2.6452	1.743	0.313
GROUP 2	17	2.2941	1.795	0.435

		* POOLED VARIANCE ESTIMATE			* SEPARATE VARIANCE ESTIMATE		
F VALUE	2-TAIL PROB.	* T VALUE	DEGREES OF FREEDOM	2-TAIL PROB.	* T VALUE	DEGREES OF FREEDOM	2-TAIL PROB.
1.06	0.859	* 0.66	46	0.512	* 0.65	32.23	0.517

VARIABLE	NUMBER OF CASES	MEAN	STANDARD DEVIATION	STANDARD ERROR
IRRITABILITY				
GROUP 1	31	2.6452	2.009	0.361
GROUP 2	17	2.8824	1.933	0.469

		* POOLED VARIANCE ESTIMATE			* SEPARATE VARIANCE ESTIMATE		
F VALUE	2-TAIL PROB.	* T VALUE	DEGREES OF FREEDOM	2-TAIL PROB.	* T VALUE	DEGREES OF FREEDOM	2-TAIL PROB.
1.08	0.897	* -0.40	46	0.694	* -0.40	34.18	0.691

VARIABLE	NUMBER OF CASES	MEAN	STANDARD DEVIATION	STANDARD ERROR
AFFECTIVE STATE				
GROUP 1	31	8.5161	3.932	0.706
GROUP 2	17	7.6824	4.872	1.182

		* POOLED VARIANCE ESTIMATE			* SEPARATE VARIANCE ESTIMATE		
F VALUE	2-TAIL PROB.	* T VALUE	DEGREES OF FREEDOM	2-TAIL PROB.	* T VALUE	DEGREES OF FREEDOM	2-TAIL PROB.
1.54	0.303	* 0.49	46	0.626	* 0.46	27.59	0.649

VARIABLE	NUMBER OF CASES	MEAN	STANDARD DEVIATION	STANDARD ERROR
DISEASE AFFIRMATION				
GROUP 1	31	6.0323	2.588	0.465
GROUP 2	17	4.8235	2.007	0.487

		* POOLED VARIANCE ESTIMATE			* SEPARATE VARIANCE ESTIMATE		
F VALUE	2-TAIL PROB.	* T VALUE	DEGREES OF FREEDOM	2-TAIL PROB.	* T VALUE	DEGREES OF FREEDOM	2-TAIL PROB.
1.66	0.285	* 1.67	46	0.102	* 1.80	40.51	0.080

VARIABLE	NUMBER OF CASES	MEAN	STANDARD DEVIATION	STANDARD ERROR
DISCRIMINANT FUNCTION				
GROUP 1	31	56.9258	20.024	3.596
GROUP 2	17	47.3588	15.684	3.804

		* POOLED VARIANCE ESTIMATE			* SEPARATE VARIANCE ESTIMATE		
F VALUE	2-TAIL PROB.	* T VALUE	DEGREES OF FREEDOM	2-TAIL PROB.	* T VALUE	DEGREES OF FREEDOM	2-TAIL PROB.
1.63	0.304	* 1.70	46	0.096	* 1.83	40.24	0.075

VARIABLE	NUMBER OF CASES	MEAN	STANDARD DEVIATION	STANDARD ERROR
WHITELEY INDEX				
GROUP 1	31	5.2581	3.633	0.652
GROUP 2	17	3.5882	2.895	0.702

		* POOLED VARIANCE ESTIMATE			* SEPARATE VARIANCE ESTIMATE		
F VALUE	2-TAIL PROB.	* T VALUE	DEGREES OF FREEDOM	2-TAIL PROB.	* T VALUE	DEGREES OF FREEDOM	2-TAIL PROB.
1.57	0.340	* 1.63	46	0.110	* 1.74	39.75	0.089

VARIABLE	NUMBER OF CASES	MEAN	STANDARD DEVIATION	STANDARD ERROR
SPIELBERGER STATE TEST				
GROUP 1	29	47.9310	13.193	2.450
GROUP 2	17	50.1176	13.124	3.183

		* POOLED VARIANCE ESTIMATE			* SEPARATE VARIANCE ESTIMATE		
F VALUE	2-TAIL PROB.	* T VALUE	DEGREES OF FREEDOM	2-TAIL PROB.	* T VALUE	DEGREES OF FREEDOM	2-TAIL PROB.
1.01	1.000	* -0.54	44	0.589	* -0.54	33.80	0.590

VARIABLE	NUMBER OF CASES	MEAN	STANDARD DEVIATION	STANDARD ERROR
SPIELBERGER TRAIT TEST				
GROUP 1	30	48.5333	11.138	2.033
GROUP 2	15	48.4000	10.063	2.598

		* POOLED VARIANCE ESTIMATE			* SEPARATE VARIANCE ESTIMATE		
F VALUE	2-TAIL PROB.	* T VALUE	DEGREES OF FREEDOM	2-TAIL PROB.	* T VALUE	DEGREES OF FREEDOM	2-TAIL PROB.
1.23	0.707	* 0.04	43	0.969	* 0.04	30.32	0.963

VARIABLE	NUMBER OF CASES	MEAN	STANDARD DEVIATION	STANDARD ERROR
ZUNG DEPRESSION TEST				
GROUP 1	31	47.7419	5.633	1.012
GROUP 2	17	48.2353	5.517	1.338

		* POOLED VARIANCE ESTIMATE			* SEPARATE VARIANCE ESTIMATE		
F VALUE	2-TAIL PROB.	* T VALUE	DEGREES OF FREEDOM	2-TAIL PROB.	* T VALUE	DEGREES OF FREEDOM	2-TAIL PROB.
1.04	0.961	* -0.29	46	0.771	* -0.29	33.66	0.770

VARIABLE	NUMBER OF CASES	MEAN	STANDARD DEVIATION	STANDARD ERROR
LIFE EVENTS GROUP 1	31	431.9032	289.587	52.011
GROUP 2	17	470.8824	340.310	82.537

		POOLED VARIANCE ESTIMATE			SEPARATE VARIANCE ESTIMATE		
F VALUE	2-TAIL PROB.	T VALUE	DEGREES OF FREEDOM	2-TAIL PROB.	T VALUE	DEGREES OF FREEDOM	2-TAIL PROB.
1.38	0.433	-0.42	46	0.677	-0.40	28.81	0.692

VARIABLE	NUMBER OF CASES	MEAN	STANDARD DEVIATION	STANDARD ERROR
SERIOUS EVENTS GROUP 1	31	312.0000	243.159	43.673
GROUP 2	17	354.1176	286.197	69.413

		POOLED VARIANCE ESTIMATE			SEPARATE VARIANCE ESTIMATE		
F VALUE	2-TAIL PROB.	T VALUE	DEGREES OF FREEDOM	2-TAIL PROB.	T VALUE	DEGREES OF FREEDOM	2-TAIL PROB.
1.39	0.429	-0.54	46	0.593	-0.51	28.77	0.611

SEXUAL PROBLEMS

COUNT	7.00	8.00	ROW TOTAL
1.00	20	11	31 64.6
2.00	11	6	17 35.4
COLUMN TOTAL	31 64.6	17 35.4	48 100.0

CHI-SQUARE	D.F.	SIGNIFICANCE	MIN E.F.	CELLS WITH E.F.< 5
0.00000	1	1.0000	6.021	NONE
0.00017	1	0.9395	(BEFORE YATES CORRECTION)	

NUMBER OF MISSING OBSERVATIONS = 128

RADIOGRAPHIC INDEX

COUNT	0.0	1.00	2.00	99.00	ROW TOTAL
1.00	7	2	12	10	31 64.6
2.00	4	1	8	4	17 35.4
COLUMN TOTAL	11 22.9	3 6.3	20 41.7	14 29.2	48 100.0

CHI-SQUARE	D.F.	SIGNIFICANCE	MIN E.F.	CELLS WITH E.F.< 5
0.48048	3	0.9232	1.063	4 OF 8 (50.0%)

NUMBER OF MISSING OBSERVATIONS = 128

MUSCLE INDEX

COUNT	0.0	1.00	2.00	ROW TOTAL
1.00	2	11	18	31 67.4
2.00	9	6		15 32.6
COLUMN TOTAL	11 23.9	17 37.0	18 39.1	46 100.0

CHI-SQUARE	D.F.	SIGNIFICANCE	MIN E.F.	CELLS WITH E.F.< 5
20.88687	2	0.0000	3.587	1 OF 6 (16.7%)

NUMBER OF MISSING OBSERVATIONS = 130

TMJ INDEX

COUNT	0.0	1.00	2.00	ROW TOTAL
1.00	1	15	15	31 67.4
2.00	8	7		15 32.6
COLUMN TOTAL	9 19.6	22 47.8	15 32.6	46 100.0

CHI-SQUARE	D.F.	SIGNIFICANCE	MIN E.F.	CELLS WITH E.F.< 5
20.23660	2	0.0000	2.935	2 OF 6 (33.3%)

NUMBER OF MISSING OBSERVATIONS = 130

TEETH INDEX

COUNT	0.0	1.00	2.00	ROW TOTAL
1.00	5	7	19	31 64.6
2.00	2	4	11	17 35.4
COLUMN TOTAL	7 14.6	11 22.9	30 62.5	48 100.0

CHI-SQUARE	D.F.	SIGNIFICANCE	MIN E.F.	CELLS WITH E.F.< 5
0.16821	2	0.9193	2.479	3 OF 6 (50.0%)

NUMBER OF MISSING OBSERVATIONS = 128

CLINICAL INDEX

COUNT	0.0	1.00	2.00	99.00	ROW TOTAL
1.00		20	11		31 64.6
2.00	5	10		2	17 35.4
COLUMN TOTAL	5 10.4	30 62.5	11 22.9	2 4.2	48 100.0

CHI-SQUARE	D.F.	SIGNIFICANCE	MIN E.F.	CELLS WITH E.F.< 5
18.85389	3	0.0003	0.708	5 OF 8 (62.5%)

NUMBER OF MISSING OBSERVATIONS = 128

COUNT	ANAMNESTIC INDEX 0.0	2.00	ROW TOTAL
1.00	1	30	31 64.6
2.00	7	10	17 35.4
COLUMN TOTAL	8 16.7	40 83.3	48 100.0

CHI-SQUARE	D.F.	SIGNIFICANCE	MIN E.F.	CELLS WITH E.F.< 5
8.31670	1	0.0030	2.833	1 OF 4 (25.0%)
11.38520	1	0.0007	(BEFORE YATES CORRECTION)	

NUMBER OF MISSING OBSERVATIONS = 128

COUNT	COUNTRY 1	2	3	6	ROW TOTAL
1.00	18	6	1	6	31 64.6
2.00	13	1		3	17 35.4
COLUMN TOTAL	31 64.6	7 14.6	1 2.1	9 18.8	48 100.0

CHI-SQUARE	D.F.	SIGNIFICANCE	MIN E.F.	CELLS WITH E.F.< 5
2.50739	3	0.4739	0.354	5 OF 8 (62.5%)

NUMBER OF MISSING OBSERVATIONS = 128

COUNT	TOTAL TEETH INDEX 1.00	2.00	ROW TOTAL
1.00	1	30	31 67.4
2.00		15	15 32.6
COLUMN TOTAL	1 2.2	45 97.8	46 100.0

CHI-SQUARE	D.F.	SIGNIFICANCE	MIN E.F.	CELLS WITH E.F.< 5
0.00000	1	1.0000	0.326	2 OF 4 (50.0%)
0.49462	1	0.4819	(BEFORE YATES CORRECTION)	

NUMBER OF MISSING OBSERVATIONS = 130

	OCCUPATION 1	2	3	5	7	8	9	ROW TOTAL
	1	9	2		4	7	8	31 64.6
		5	1	1	3	3	4	17 35.4
	1 2.1	14 29.2	3 6.3	1 2.1	7 14.6	10 20.8	12 25.0	48 100.0

CHI-SQUARE	DF	SIGNIFICANCE	MIN E.F.	CELLS WITH E.F.< 5
2.69862	6	0.8456	0.354	11 OF 14 (78.6%)

NUMBER OF MISSING OBSERVATIONS = 128

MANN WHITNEY U TEST

SERIOUS EVENTS

MEAN RANK	CASES	
24.00	31	GROUP=1.00
25.41	17	GROUP=2.00
	48	TOTAL

U	W	CORRECTED FOR TIES Z	2-TAILED P
248.0	432.0	-0.3343	0.7381

LIFE EVENTS

MEAN RANK	CASES	
24.10	31	GROUP=1.00
25.24	17	GROUP=2.00
	48	TOTAL

U	W	CORRECTED FOR TIES Z	2-TAILED P
251.0	429.0	-0.2695	0.7876

ZUNG DEPRESSION SCORE

MEAN RANK	CASES	
23.35	31	GROUP=1.00
25.68	17	GROUP=2.00
	48	TOTAL

U	W	CORRECTED FOR TIES Z	2-TAILED P
243.5	436.5	-0.4323	0.6655

SPIELBERGER TRAIT SCORE

MEAN RANK	CASES	
23.27	30	GROUP=1.00
22.47	15	GROUP=2.00
	45	TOTAL

U	W	CORRECTED FOR TIES Z	2-TAILED P
217.0	337.0	-0.1928	0.8471

SPIELBERGER STATE SCORE

MEAN RANK	CASES	
22.67	29	GROUP=1.00
24.91	17	GROUP=2.00
	46	TOTAL

U	W	CORRECTED FOR TIES Z	2-TAILED P
222.5	423.5	-0.5465	0.5847

WHITELEY INDEX

MEAN RANK	CASES	
26.81	31	GROUP=1.00
20.29	17	GROUP=2.00

	48	TOTAL

U	W	Z	2-TAILED P
		CORRECTED FOR TIES	
192.0	345.0	-1.5503	0.1211

DISCRIMINANT FUNCTION

MEAN RANK	CASES	
27.02	31	GROUP=1.00
19.91	17	GROUP=2.00

	48	TOTAL

U	W	Z	2-TAILED P
		CORRECTED FOR TIES	
185.5	338.5	-1.6816	0.0927

DISEASE AFFIRMATION

MEAN RANK	CASES	
27.00	31	GROUP=1.00
19.94	17	GROUP=2.00

	48	TOTAL

U	W	Z	2-TAILED P
		CORRECTED FOR TIES	
186.0	339.0	-1.6919	0.0907

AFFECTIVE STATE

MEAN RANK	CASES	
25.47	31	GROUP=1.00
22.74	17	GROUP=2.00

	48	TOTAL

U	W	Z	2-TAILED P
		CORRECTED FOR TIES	
233.5	386.5	-0.6488	0.5165

GENERAL HYPOCHONDRIASIS

MEAN RANK	CASES	
25.73	31	GROUP=1.00
22.26	17	GROUP=2.00

	48	TOTAL

U	W	Z	2-TAILED P
		CORRECTED FOR TIES	
225.5	378.5	-0.8354	0.4035

DISEASE CONVICTION

MEAN RANK	CASES	
26.82	31	GROUP=1.00
20.25	17	GROUP=2.00
	48	TOTAL

		CORRECTED FOR TIES	
U	W	Z	2-TAILED P
191.5	344.5	-1.5807	0.1139

PSYCHOLOGICAL V SOMATIC FOCUSING

MEAN RANK	CASES	
22.71	31	GROUP=1.00
27.76	17	GROUP=2.00
	48	TOTAL

		CORRECTED FOR TIES	
U	W	Z	2-TAILED P
208.0	472.0	-1.2724	0.2032

AFFECTIVE INHIBITION

MEAN RANK	CASES	
23.13	31	GROUP=1.00
27.00	17	GROUP=2.00
	48	TOTAL

		CORRECTED FOR TIES	
U	W	Z	2-TAILED P
221.0	459.0	-0.9472	0.3436

AFFECTIVE DISTURBANCE

MEAN RANK	CASES	
25.92	31	GROUP=1.00
21.91	17	GROUP=2.00
	48	TOTAL

		CORRECTED FOR TIES	
U	W	Z	2-TAILED P
219.5	372.5	-0.9744	0.3298

DENIAL

MEAN RANK	CASES	
25.53	31	GROUP=1.00
22.53	17	GROUP=2.00
	48	TOTAL

		CORRECTED FOR TIES	
U	W	Z	2-TAILED P
230.0	383.0	-0.7331	0.4635

IRRITABILITY

MEAN RANK	CASES	
23.81	31	GROUP=1.00
25.76	17	GROUP=2.00

	48	TOTAL

U	W	CORRECTED FOR TIES Z	2-TAILED P
242.0	438.0	-0.4723	0.6367